

Child/Adolescent Psychiatry Screen (CAPS)

How to Use the Child/Adolescent Psychiatry Screen (CAPS)

If you suspect your child has a mental health condition and are not sure what symptoms are most troublesome, the Child/Adolescent Psychiatry Screen can provide an initial indicator of areas for further investigation.

This is only a preliminary screening tool. Do not assume that a particular “score” means a child has a particular disorder; many people have symptoms like those described in this screening tool, but do not have a “disorder.” Diagnoses should be made only by a trained clinician after a thorough assessment. Symptoms suggestive of suicidal or harmful behaviors warrant immediate attention by a trained clinician.

1. **Answer all items in the checklist**, using the appropriate column to indicate the frequency of each symptom.
2. **Examine the columns to determine if certain clusters of items have more “Moderate” or “Severe” responses.** Don’t panic: having a high (or low) number of moderate or severe responses in any section does NOT mean that your child has this disorder. It just means that these symptoms should be discussed with a trained clinician familiar with these disorders so that you can make sense of these symptoms (and determine the best course of action to address them).
3. **Symptoms have been arranged in the following sections/clusters to help identify areas for discussion with a trained clinician:**

Items 1-7	Anxiety
Item 8	Panic Disorder
Item 9	Phobia
Item 10-11	Obsessive-Compulsive Disorder (OCD)
Item 12	Post-Traumatic Stress (PTSD)
Item 13	Generalized Anxiety Disorder
Item 14	Enuresis (bed-wetting) / Encopresis (fecal soiling)
Items 15-16	Tics (vocal and/or motor)
Items 17-31	Attention Deficit/Hyperactivity Disorder (ADD/ADHD)
Items 32-38	Mania/Bipolar Disorder
Items 39-46	Depression
Items 47-49	Substance Abuse / Dependence
Items 50-53	Anorexia / Bulimia
Items 54-64	Antisocial Disorder
Items 65-70	Oppositional Defiant (ODD) Disorder
Items 71-72	Hallucinations or Delusions
Items 73-74	Learning Disability
Items 75-85	Autistic Spectrum (including Asperger’s)

4. Use the results for a focused conversation with your child’s primary care clinician, mental health clinician, or with school staff about options to improve your child’s mental health. If particular sections receive mostly moderate and severe answers, show and describe these to your clinician. At that time, it may be useful to show and describe the “Past” column, since some symptoms tend to predict certain other symptoms or clarify other factors to consider.

5. Consider obtaining additional screening tools and rating scales for more detailed assessment.

Many of these are described and/or accessible from

http://www2.massgeneral.org/schoolpsychiatry/schoolpsychiatry_screeningtools.asp.

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Child/Adolescent Psychiatry Screen (CAPS)

Child's Name: _____ Date of Birth : _____ Male _____ Female _____

Form Completed By: _____ Relationship to Child: _____

For each item below, check the one category that best describes your child *during the past 6 months*.

None = the child never or very rarely exhibits this behavior. **Mild** = the child exhibits this behavior approximately once per week, and few others notice or complain about this behavior. **Moderate** = the child exhibits this behavior at least three times per week, and others notice or comment on this behavior. **Severe** = the child exhibits this behavior almost daily, and multiple others complain about this behavior.

Past = the child used to have significant problems with this behavior, *but not during the past 6 months*.

	None	Mild	Moderate	Severe	Past
1. Has difficulty separating from parents* (* = or major caregiver/guardian)	_____	_____	_____	_____	_____
2. Worries excessively about losing or harm occurring to parents	_____	_____	_____	_____	_____
3. Worries about being separated from parent* (getting lost or kidnapped)	_____	_____	_____	_____	_____
4. Resists going to school or elsewhere because of fears of separation	_____	_____	_____	_____	_____
5. Resists being alone or without parents	_____	_____	_____	_____	_____
6. Has difficulty going to sleep without parent nearby	_____	_____	_____	_____	_____
7. Physical complaints (headache, stomach ache, nausea) when anticipating separation	_____	_____	_____	_____	_____
8. Has discrete periods of intense fear that peak within 10 minutes	_____	_____	_____	_____	_____
9. Has excessive, unreasonable fear of a specific object or situation	_____	_____	_____	_____	_____
10. Has recurrent thoughts that cause marked distress (e.g., fears germs)	_____	_____	_____	_____	_____
11. Driven to perform repetitive behaviors (e.g., handwashing, doing things 3 times)	_____	_____	_____	_____	_____
12. Has recurrent, distressing recollections of past difficult or painful events	_____	_____	_____	_____	_____
13. Worries excessively about multiple things (e.g., school, family, health, etc.)	_____	_____	_____	_____	_____
14. Goes to the bathroom at inappropriate times or places	_____	_____	_____	_____	_____
15. Makes noises, and is often unaware of them	_____	_____	_____	_____	_____
16. Makes repetitive, sudden, nonrhythmic movements	_____	_____	_____	_____	_____
17. Fails to pay close attention to details or makes careless mistakes	_____	_____	_____	_____	_____
18. Has difficulty sustaining attention during play or school activities	_____	_____	_____	_____	_____
19. Does not seem to listen when spoken to directly	_____	_____	_____	_____	_____
20. Does not follow through on instructions; fails to finish schoolwork/chores	_____	_____	_____	_____	_____

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Child/Adolescent Psychiatry Screen (CAPS) - continued

None Mild Moderate Severe Past

21. Has difficulty organizing tasks and activities _____
22. Loses things necessary for tasks or activities (toys, pencils, etc.) _____
23. Is easily distracted easily by irrelevant stimuli _____
24. Is forgetful in daily activities _____
25. Is fidgety or squirms in seat _____
26. Has difficulty remaining seated _____
27. Runs or climbs excessively; is restless _____
28. Talks excessively _____
29. Blurts out answers before questions have been completed _____
30. Has difficulty waiting turn _____
31. Interrupts or intrude on others _____
32. Episodes of unusually elevated or irritable mood _____
33. During this episode, grandiosity or markedly inflated self-esteem (Superhero) _____
34. During this episode, is more talkative than usual/seems pressured to keep talking _____
35. During this episode, races from thought to thought _____
36. During this episode, is very distractible _____
37. During this episode, excessively involved in things (too religious, hypersexual) _____
38. During this episode, dangerous involvement in pleasurable activity (spending, sex) _____
39. Depressed or irritable mood most of the day, most days for at least 1 week _____
40. Loss of interest in previously enjoyable activities _____
41. Notable change in appetite (not when dieting or trying to gain weight) _____
42. Difficulty falling or staying asleep, or sleeping excessively through the day _____
43. Others notice child is sluggish or agitated most of the time _____
44. Loss of energy nearly every day _____
45. Feelings of worthlessness or inappropriate guilt nearly every day _____
46. Thinks about dying or wouldn't care if died _____
47. Smokes cigarettes, drinks alcohol, OR abuses drugs (Circle all that apply) _____
48. Has bad things happen when under the influence of substances _____

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Child/Adolescent Psychiatry Screen (CAPS) - continued

None Mild Moderate Severe Past

49. Has made unsuccessful efforts to stop using a substance _____
50. Is excessively worried about gaining weight, even though underweight _____
51. If female, has stopped having menstrual cycles (after regularly having) _____
52. Thinks he/she is fat, even though not overweight (pulls skin and claims is fat, etc.) _____
53. Engages in bingeing and purging (eats excessively, then vomits or uses laxatives) _____
54. Bullies, threatens, or intimidates others _____
55. Initiates physical fights _____
56. Uses weapons that could harm others _____
57. Has been physically cruel to animals _____
58. Has shoplifted or stolen items _____
59. Has deliberately set fires _____
60. Has deliberately destroyed others' property _____
61. Lies to obtain goods or to avoid obligations _____
62. Stays out at night despite parental prohibitions _____
63. Has run away from home overnight on at least two occasions _____
64. Is truant from school _____
65. Loses temper _____
66. Actively defies or refuses to comply with adult rules _____
67. Deliberately annoys others _____
68. Blames others for his/her mistakes or misbehavior _____
69. Easily annoyed by others _____
70. Is spiteful or vindictive _____
71. Has unusual thoughts that others cannot understand or believe _____
72. Hears voices speaking to him/her that others don't hear _____
73. Does poorly at sports or games requiring physical coordination skills _____
74. Has difficulty at school with: reading, writing, math, spelling (Circle all that apply) _____
75. Had delayed speech or has limited language now _____
76. Avoids eye contact during conversations _____

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Child/Adolescent Psychiatry Screen (CAPS) - continued

	None	Mild	Moderate	Severe	Past
77. Does not follow when others point to objects	_____	_____	_____	_____	_____
78. Shows little interest in others; emotionally out of sync with others	_____	_____	_____	_____	_____
79. Difficulty starting, stopping conversation; continues talking after others lose interest	_____	_____	_____	_____	_____
80. Uses unusual phrases, possibly over and over (speaks Disney or movie lines)	_____	_____	_____	_____	_____
81. Does not engage in make-believe play; plays more alone than with others	_____	_____	_____	_____	_____
82. Unusual preoccupations with objects or unusual routines (lines up 100's of cars, etc.)	_____	_____	_____	_____	_____
83. Difficulty with transitions; may be inflexible about adhering to routines or rules	_____	_____	_____	_____	_____
84. Shows unusual physical mannerisms (hand-flapping, shrieks, objects in mouth, etc.)	_____	_____	_____	_____	_____
85. Unusual preoccupations (schedules, own alphabet, weather reports, etc.)	_____	_____	_____	_____	_____

Thank you for answering each of these items. Please list any other symptoms that concern you:

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