MENTAL HEALTH SCREENING AND ASSESSMENT TOOLS FOR PRIMARY CARE

The Mental Health Screening and Assessment Tools for Primary Care table provides a listing of mental health screening and assessment tools, summarizing their psychometric testing properties, cultural considerations, costs, and key references. It includes tools that are proprietary and those that are freely accessible. Products are listed for informational purposes only. Inclusion in this publication does not imply endorsement by the American Academy of Pediatrics.

Consideration for including screening tests in the table included the tests' reliability, validity, sensitivity, and specificity.

- *Reliability* is the ability of a measure to produce consistent results.
- The *validity* of a screening test is its ability to discriminate between a child with a problem and one without such a problem.
- *Sensitivity* is the accuracy of the test in identifying a problem.
- *Specificity* is the accuracy of the test in identifying individuals who do not have a problem.[1]

Sensitivity and specificity levels of 70% to 80% have been deemed acceptable for developmental screening tests[2]; these values are lower than generally accepted for medical screening tests.[1] Use of lower sensitivity and specificity values may identify children with symptoms that do not rise to the level of a *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR)* diagnosis[3]; however, these children may benefit from interventions in the primary care setting or community to address their symptoms or functional difficulties. These children may also benefit from close monitoring of their emotional health by their families, pediatric health professionals, and teachers or caregivers.

The table is organized to follow the clinical process described algorithmically by the Task Force on Mental Health.[4] Clinicians at various stages in integrating a mental health approach into their practice may want to review the entire table first, gain some experience with a few tools, and use quality improvement strategies such as small planning, doing, studying, acting (PDSA) cycles to refine their approach. Team meetings with the practice clinicians and collaborative office rounds involving primary care clinicians and mental health or developmental specialists, with the aim of discussing clinical cases and the use of specific tools, may focus the implementation process. As the clinician and groups of clinicians gain more comfort, they can further revise their approach. Engaging families by sending them an introductory letter to inform them of the practice's interest in their child's socio-emotional health, by directly asking their experience with the chosen tools, and by inviting them to be a part of a learning group may also facilitate adoption of a particular approach or tool.

The table is by no means exhaustive and the information is subject to change over time. Consideration was first given to tools that have strong psychometric properties and are appropriate for use in pediatric (ie, birth to 21 years) primary care settings. Those that are freely accessible are listed first. Proprietary tools are also listed if there is no equivalent tool in the public domain or if the tool is already well known to practitioners and has strong psychometric properties.

In addition to screening tools, the table includes tools that may be used for primary care assessment of children's global functioning and assessment of children presenting with the most common problems encountered in primary care—anxiety, depression, inattention and impulsivity, disruptive behavior or aggression, substance abuse, learning difficulties, and symptoms of social-emotional disturbance in young children. Also included are tools to identify risks in the psychosocial environment, prior exposure to trauma, and problems with the child's developmental trajectory and cognitive development.

Psychosocial Measure	Tools and Description	Number of Items and Format	Age Group	Administration and Scoring Time Training (none, unless otherwise indicated)	Psychometric Properties	Cultural Consideration[a]	Cost and Developer
Mental Health Update and Surveillance	Bright Futures Surveillance Questions[5]	Unlimited	0 to 21 y	Variable	Open-ended questions that invite participatory care. No psychometric properties reported.	Any language	AAP/MCHB Freely accessible
	Bright Futures Previsit and Supplemental Questionnaires	Variable	0 to 21 y	Variable	Yes/No questions that invite participatory care and help elicit areas for further couseling. No psychometric properties reported.	English	AAP/MCHB Freely accessible
	GAPS (Guidelines for Adolescent Preventive Services) Questionnaire[6]	72 items for younger adolescent; 61 items for older adolescent; 15 items for parent	Parent, young teen, older teen		NA	English, Spanish	Freely accessible
	HEADSSS[7–9] **H**ome, **E**ducation/employment, **A**ctivities, **D**rugs, **S**exuality, **S**uicide/depression, **S**afety			Part of interview process			Freely accessible
Previsit Data Collection (Algorithm Step A2a): Screening for Mental Health and Substance Abuse Problems in Children and Adolescents							
General Psychosocial Screening Tests	PSC-17[b] (Pediatric Sympton Checklist—17 items)[10–15] *General psychosocial screening and functuional assessment in the domains of attention, externalizing, and internalizing symptoms*	17 items Self-administered Parent or youth ≥11 y	4 to 16 y	<5 min Scoring: 2 min	Subscales have obtained reasonable agreement with validated and accepted parent-report instruments. Cronbach alpha was high for each subscale.	English, Spanish, Chinese Reading level: fifth to sixth grades	Freely accessible
	PSC-35[b] (Pediatric Symptom Checklist—35 items)[10–11,13–14] *General psychosocial screening and functional assessment in the domains of attention, externalizing, and internalizing symptoms*	35 items Self-administered Parent or youth ≥11 y	4 to 16 y	<5 min Scoring: 1 to 2 min	General psychosocial screen Sensitivity: 80% to 95% Specificity: 68% to 100%	English, Spanish, Chinese, Japanese Pictorial version available	Freely accessible

Psychosocial Measure	Tools and Description	Number of Items and Format	Age Group	Administration and Scoring Time Training (none, unless otherwise indicated)	Psychometric Properties	Cultural Consideration[a]	Cost and Developer
	SDQ[b] (Strengths and Difficulties Questionnaire)[16–19] *General psychosocial screening for emotional symptoms, conduct problems, hyperactivity/ inattention, peer relationship problems, and pro-social behavior (not included in score); a separate scale assesses impact of symptoms on global functioning.*	25 items Self-administered Parent, teacher, or youth 11 to 17 y	3 to 17 y	10 min	Reliable and valid in various populations and for a number of general mental health conditions Sensitivity: 63% to 94% Specificity: 88% to 98%	>40 languages	Freely accessible
	Early Childhood Screening Assessment[20] *Assesses emotional and behavioral development in young children and maternal distress.*	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 to 60 mo	10 to 15 min to complete. Scoring time: 1 to 2 min Should be administered by health professional or mental health professional whose training and scope of practice include interpreting screening tests and interpreting positive or negative screens for parents.	Sensitivity: 86% Specificity: 83%	English, Spanish, Romanian Reading level: fifth grade	Freely accessible
	ASQ-SE[b] (Ages and Stages Questionnaire–Social Emotional)[21] *Screens for social-emotional problems in young children.*	From 19 items (6 mo) to 33 items (30 mo) Parent report	6 to 60 mo	10 to 15 min Scoring: 1 to 5 min (can be scored by paraprofessionals)	Sensitivity: 71% to 85% Specificity: 90% to 98% To be used in conjunction with ASQ or other tool designed to provide information on a child's communicative, motor, problem-solving, and adaptive behaviors	English, Spanish Reading level: sixth grade	Proprietary ($194.95/kit)
Substance Use	CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble) Lifetime Use[b,22–24] *Screens for substance abuse.*	3 screener questions, then 6 items Self-administered or youth report	Adolescents	1 to 2 min	Sensitivity: 76% to 92% Specificity: 76% to 94% PPV: 29% to 83% NPV: 91% to 98%	No cross-cultural validity data	Freely accessible
Screening for Environmental Risk Factors (Algorithm Step A2a)							
Parent/Family Screening	Edinburgh Maternal Depression[b,25–30] *Screens women for depression.*	10 items Parent self-report	Peripartum women	<5 min to administer Scoring: 5 min	Sensitivity: 86% Specificity: 78%	Has cross-cultural validity	Freely accessible

Psychosocial Measure	Tools and Description	Number of Items and Format	Age Group	Administration and Scoring Time Training (none, unless otherwise indicated)	Psychometric Properties	Cultural Consideration[a]	Cost and Developer
	Pediatric Intake Form (Family Psychosocial Screen)[31] *Screens for parental depression, substance use, domestic violence, parental history of abuse, and social supports.*	22 items	0 to 21 y	Variable	Not described	English	Freely accessible
	PHQ-9 (Patient Health Questionnaire-9)[32–34] *Screens adults for depression.*	9 items Parent self-report	Adult	<5 min to administer Scoring: <3 min	Excellent internal reliability and test-retest reliability. Cutoff score of 10 or more Sensitivity: 88% for major depression Specificity: 88% for major depression	Not validated in languages other than English	Freely accessible
	PHQ-2[b] (first 2 items from PHQ-9)[35,36] *Screens adults for depression.*	2 items Parent self-report	Adult	1 min	Overall Sensitivity: 83% to 87% Specificity: 78% to 92% PPV: not available	Not validated in languages other than English	Freely accessible
	AAS (Abuse Assessment Screen)[b,37] *Screens for domestic violence.*	5 to 6 items Parent report	Adolescent and adult women	About 45 seconds if all answers are "No"	Some studies indicate low sensitivity (<40%) and high specificity (>90%).	Still in development	Freely accessible
	McMaster General Functioning Scale[38–41] *Assesses family functioning.*	12 items Self-report	Adolescents and adults	<5 min	Temporally stable, good internal consistency, and concurrent and construct validity.	Cross-cultural consideration. Translated into 24 languages.	Proprietary ($41.95)
	MSPSS (Multidimensional Scale of Social Support Parent Stress Inventory)[b,42–46] *Assesses social support.*	12 items Parent report	Adult	2 to 5 min	Good test and retest coefficients	Cross-cultural studies done	Freely accessible
	Parent Screening Questionnaire[47,48] *Screens adults for injury, tobacco, depression, intimate partner violence.*	20 items Self-administered (parent)	Parents	2 min	Low sensitivity (20%) for the intimate partner violence Specificity: 92% PPV: 41% NPV: 88%	Reading level: fourth grade	Free with permission (Contact Howard Dubowitz, MD, MS, at hdubowitz@peds.umaryland.edu)

Psychosocial Measure	Tools and Description	Number of Items and Format	Age Group	Administration and Scoring Time Training (none, unless otherwise indicated)	Psychometric Properties	Cultural Consideration[a]	Cost and Developer
	PSI (Parent Stress Index), Third Edition[49–51] *Elicits indicators of stress and identifies parent-child problem areas in parents of children 1 mo through 12 y.*	120 items plus 19 optional items Parent self-report (PSI-Short Form has 36 items.) Version for parenting adolescents	Parents of children 1 mo through 12 y	20 to 30 min	Distinguishes among difficult child, parent factors, and parent-child relationships factors Good internal consistency reliabilities measured by Cronbach alpha	Transcultural research has involved many populations (eg, Hispanics, Chinese, Portuguese, French, Canadian, Italian, Korean).	Proprietary ($185/kit)
	SIPA (Stress Index for Parents of Adolescents)[52] *Elicits indicators of stress in parents of adolescents.*	112 items	Parents of adolescents 11 to 19 y	20 min Scoring: 10 min	Internal consistency for subscales exceed 0.80. 4-week test-retest coefficients range from 0.74 to 0.91.	Not described	Proprietary ($144/kit)
Trauma/Exposure	PDS (Post-traumatic stress diagnostic scale)[53,54] *Assesses impact of traumatic event.*	49 items Paper/pencil or computer	18 to 65 y	10 to 15 min	High internal consistency	Reading level: eighth grade	Proprietary ($66.50/kit)
	UCLA-PTSD RI (Post-traumatic Stress Disorder Reaction Index)[55–57] *Assesses exposure to traumatic experiences and impact of traumatic events.*	Child: 20 items Parent: 21 items Youth: 22 items Adapted version available in AAP *Feelings Need Check Ups Too* CD-ROM[58] to assess trauma exposure	Child and parent: 7 to 12 y Youth: 13+ y	20 to 30 min to administer Scoring: 5 to 10 min	Good test-retest with a coefficient of 0.84. A cutoff of 38 provides 0.93 sensitivity and 0.87 specificity.	English, Spanish	Available to International Society for Traumatic Stress Studies (ISTSS) members
	TSCC (Trauma Symptom Checklist for Children)[59,60] *Elicits trauma-related symptoms.*	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	8 to 16 y 3 to 12 y	15 to 20 min	Hight internal consistency for 5 of 6 clinical scales (0.82 to 0.89)	English, Spanish	Proprietary ($168/kit)

Psychosocial Measure	Tools and Description	Number of Items and Format	Age Group	Administration and Scoring Time Training (none, unless otherwise indicated)	Psychometric Properties	Cultural Consideration[a]	Cost and Developer
Assessing Child and Adolescent Functioning (Algorithm Steps A2a, A12a, B5a, B12)							
Global Functioning	BIS (Brief Impairment Scale) (Multi-dimensional)[b,61] *Assesses global functioning in domains of interpersonal relations, school/work, and self-care/self-fulfillment.*	23 items Parent report	4 to 17 y	10 min	Internal consistency (0.81 to 0.88 and 0.56 to 0.81) on the 3 subscales. Test-retreat reliability for individual items ranged from fair to substantial in all but 6 items. The BIS has high convergent and concurrent validity. ROC suggest possible thresholds for different uses.	English, Spanish	Freely accessible
	CIS (Columbia Impairment Scale) —part of CAWA/Adolescent Wellness Assessment)[62,63] *Assesses global functioning in domains of interpersonal relations, psychopathology, school performance, use of leisure time; monitors progress after 6 mo of treatment.*	13 items	Children and adolescents	5 min	Reliable and valid. Evaluates global impairment along 4 areas of dysfunction after 6 mo of treatment.	Data mainly on Caucasian and Hispanic children	Freely accessible
	CGSQ (Caregiver Strain Questionnaire)—part of the CAWA[64,65] *Assesses strain among parents.*	21 items	Children and adolescents	5 to 10 min	Administered after 6 mo of treatment	Data mainly in Caucasian and Hispanic chldren	Freely accessible
	C-GAS (Children's Global Assessment Scale)[66,67] *Assesses overall severity of disturbance and impact on global functioning.*	1 item Rated by clinician 100-point scale with 10-point anchors	4 to 16 y	Requires no administration time because it is based on prior clinical assessment. Time to integrate knowledge of the child into a single score is estimated to be 5 to 10 min.	Demonstrates discriminant and concurrent validity.	Not described	Freely accessible
	SDQ Impact Scale[b,16] *Assesses global functioning in domains of home life, friendships, learning, play.*	5 items Parent Teacher Youth ≥11 y	3 to 17 y	<5 min	See earlier entry on SDQ; limited data on impact scale alone.	>40 languages	Freely accessible

Psychosocial Measure	Tools and Description	Number of Items and Format	Age Group	Administration and Scoring Time Training (none, unless otherwise indicated)	Psychometric Properties	Cultural Consideration[a]	Cost and Developer
Assessing Emergencies (Algorithm Steps A8a, A4b)							
Suicide Assessment	Adapted-SAD PERSONS[68] **S**ex, **A**ge, **D**epression or affective disorder, **P**revious attempt, **E**thanol-drug abuse, **R**ational thinking loss, **S**ocial supports lacking, **O**rganized plan, **N**egligent parenting, significant family stressors, suicidal modeling by parents or siblings, **S**chool problems *Assesses risk for suicide.*	10-item assessment scale	Elementary and middle school students	Part of interview process	Not described	Not described	Freely accessible
	CSPI-2 (Childhood Severity of Psychiatric Illness)[69] *Assesses severity by eliciting risk factors, behavioral/emotional symptoms, functioning problems, involvement with juvenile justice and child protection, and caregiver needs and strengths.*	34 items Individual report	3 to 21 y	3 to 5 min after a routine crisis assessment 25 to 30 min to complete if nothing is known of the child/family Training is gernerally recommended and demonstration of reliability (ie, certification) before use (by office staff in particular). There are a large number of trainers available and some Web-based training options.	High training and field reliability. Substantial evidence of concurrent and predictive validity.	Available in Spanish	Freely accessible Available at www.praedfoundation.org
	PHQ-9 severity items on suicide	See Modified PHQ-9 later in table.					

Psychosocial Measure	Tools and Description	Number of Items and Format	Age Group	Administration and Scoring Time Training (none, unless otherwise indicated)	Psychometric Properties	Cultural Consideration[a]	Cost and Developer
Primary Care Mental Health Assessment (Algorithm Steps B5a, B12)							
Behavioral Checklist	Child Behavior Checklist (CBCL)[70–72] *DSM-oriented scales assess for* (1.5 to 5 y) Pervasive developmental problems (6 to 18 y) Somatic problems Conduct problems (Both groups) Affective problems Anxiety problems Oppositional-defiant problems Attention-deficit/hyperactivity problems	Parent or caregiver/teacher for 1.5 to 5 y: 99 items Parent/teacher: 118 items Direct observation	1.5 to 5 y 6 to 18 y	15 to 20 min (both age groups)	Test-retest: 0.95 to 1.00 Inter-rater reliability: 0.93 to 0.96 Internal consistency: 0.78 to 0.97 Criterion validity was assessed and found to be acceptable.	Spanish can be ordered but tool has been translated in 74 languages; Norms: African-American, Caucasian, Hispanic/Latino, other	Proprietary ($310 to $435/kit)
Rating Scales	Vanderbilt Diagnostic Rating Scales[73] *Elicits symptoms in domains of inattention, disruptive behavior, anxiety, and depression; separate scale assesses functioning in the area of school performance.*	Parent: 55 items Teacher: 43 itmes Parent/teacher follow-up: 26 items plus items on medication side effects	6 to 12 y	10 min	Internal consistency and factor structure are acceptable and consistent with *DSM-IV* and other accepted measures of ADHD. Rates inattention, impulsivity/hyperactivity, ODD, CD, depression/anxiety, and performance. The performance section of the teacher version has high correlation with the performances questions of the SDQ (0.97). The performance section of the parent version does not have data about its concurrent validity at the current time, so that it is best used as a questionnaire to provide information about performance to be clarified in the interview the clinician has with the family.	English, Spanish	Freely accessible

Psychosocial Measure	Tools and Description	Number of Items and Format	Age Group	Administration and Scoring Time Training (none, unless otherwise indicated)	Psychometric Properties	Cultural Consideration[a]	Cost and Developer
	Conners Rating Scales–Revised[74,75] *Elicits symptoms in domains of oppositionality, cognitive problems/inattention, hyperactivity, anxiety-shyness, perfectionism, social problems, psychosomatic problems.*	Parent: 80 items Teacher: 59 items Self: 87 items	3 to 17 y for parent/teacher 12 to 17 y for self	20 min	6 distinct scales Age and gender norms based on more than 11,000 ratings.	English, Spanish	Proprietary ($273/kit)
	SNAP-IV-C[76–78] SNAP-IV Rating Scale is a revision of the Swanson, Nolan, and Pelham (SNAP) Questionnaire (Swanson et al, 1983); derived from the Conners index. *Elicits symptoms of ADHD and other* DSM-IV *disorders that may overlap with or masquerade as ADHD.*	90 items Parent Teacher	6 to 18 y	10 min	Coefficient alpha for overall parent ratings is 0.94. Internal consistency, item selection, and factor structure were found acceptable and consistent with the constructs in *DSM-IV.*	A number of languages: English, Chinese	Freely accessible
	SWAN (Strengths and Weaknesses of ADHD Symptoms and Normal Behavior Scale)[79–81] *Elicits strengths and weaknesses in domains of attention, impulsivity/hyperactivity. Strength-based rating scales have the potential to evaluate the normal distribution of behaviors and to provide reliable cutoff defining abnormal behavior. Evaluates attention across a continuum.*	18-item version and 30-item version	6 to 18 y	10 min	The information gathered with the SWAN-French is compatible with that obtained using the DISC-4.0 and Conners Rating Scale.	Available in French	Freely accessible

Psychosocial Measure	Tools and Description	Number of Items and Format	Age Group	Administration and Scoring Time Training (none, unless otherwise indicated)	Psychometric Properties	Cultural Consideration[a]	Cost and Developer
	BASC (Behavior Assessment System for Children)[82–84] *Assesses adaptive and problem behaviors.*	Parent version: 134 to 160 items Teacher version: 100 to 139 items Youth version	2 to 21 y	Parent version: 10 to 20 min Teacher version: 10 to 20 min Youth version: 30 min Electronic scoring available Must be administered by qualified personnel	Acceptable to strong reliability and validity	English, Spanish	Proprietary ($132.20 to $1,655/kit)
	ADHD Rating Scale-IV[85,86] *Rates symptoms in domains of attention, impulsivity/hyperactivity.*	Parent, teacher 18 items	5 to 17 y	10 to 20 min	Internal consistency (coefficient alphas) for inattention and hyperactivity-impulsivity factors greater than 0.90, test-retest reliability greater than 0.80 for both factors, and significant correlations with concurrent direct observations and with other behavior rating scales	English, Spanish	Proprietary ($46)
	MOAS (Modified Overt Aggression Scale)[87,88] *Rates symptoms in domain of disruptive behavior/aggression.*	4 items Physician rating of agression	Adults but has been used in adolescents	Administered as a semi-structured interview asking adolescent to report on aggressive behavior. 10 to 15 min	Internal consistency 0.84: strong correlation with anger and hostility measures	Shown to have discriminant validity when used in Nigeria[89]	Freely accessible
	Conduct Disorder Scale[90] *Rates symptoms in domain of disruptive behavior.*	40 items Parent Teachers Siblings	5 to 22 y	5 to 10 min	The test was standardized on 1,040 persons representing the following diagnostic groups: normal, gifted and talented, mentally retarded, ADHD, emotionally disturbed, learning disabled, physically handicapped, and persons with conduct disorder. Norms were developed based on 644 representative individuals with a conduct disorder.	Not described	Proprietary ($102/kit)
	Modified PHQ-9 *Screens for symptoms in domains of depression and suicidality.*	9 plus severity items	Adolescent	5 min Scoring: 1 min	Modified version never validated in a research setting; overall 88% sensitivity and 88% specificity	English, Spanish	Free with permission Available in the toolkit at www.gladpc.org.

Psychosocial Measure	Tools and Description	Number of Items and Format	Age Group	Administration and Scoring Time Training (none, unless otherwise indicated)	Psychometric Properties	Cultural Consideration[a]	Cost and Developer
	KADS (Kutcher Adolescent Depression Scale)[91–93] *Screens for depression.*	6, 11, or 16 items	12 to 17 y	5 min Scoring: 1 min	Sensitivity: 92% Specificity: 71%	Not described	Free with permission Available at www.teenmentalhealth.org
	CES-D (Center for Epidemiological Studies–Depression Scale)—modified version for children and adolescents[94–99] *Screens for depression, emotional turmoil.*	20 items	6 to 17 y	5 to 10 min Scores above 15 can be indicative of significant levels of depressive symptoms.[88]	Used in adult populations. Modified version for children and adolescents may not discriminate well between depressed and nondepressed adolescents. Sensitivity: 71% Specificity: 57%	Mexican adolescents, French English, Spanish Reading level: sixth grade	Freely accessible
	DISC (Columbia Diagnostic Interview Schedule for Children Diagnostic Predictive Scales)[100,101] *Computerized structure interview (yes/no) elicits symptoms of 36 mental health disorders, applying* DSM-IV *criteria.*	22 items (Last item is not scored.) Youth self-administered 8-item abbreviated version available through TeenScreen	9 to 17 y	Depends on items endorsed Training needed	Sensitivities and specificities ranged from 80% to 100% for nearly all diagnostic scales. Positive predictive value was generally high (0.4–0.7). Test-retest reliabilities are good and had intraclass correlation coefficients ranging from 0.52 to 0.82.	Not described	Free with permission Contact www.TeenScreen.org for a copy of the 8-item version.
	CDI (Child Depression Inventory)[102] *Screens for depression.*	Parent: 17 items Teacher: 12 items Youth: 27 items (Y Short-Form: 10 items)	7 to 17 y	5 to 10 min (27-item)	Internal consistency coefficients range from 0.71 to 0.89 and the test-retest coefficients range from 0.74 to 0.83.	English, Spanish Reading level: first grade	Proprietary ($250/kit)
	SMFQ (Short Mood and Feelings Questionnaire)[103,104] *Screens for depression.*	13 items Self-report (child and parent)	8 to 16 y	<5 min	For combined parent and child reports Sensitivity: 70% Specificity: 85%	Not described	Free with permission. Permission information available at http://devepi.duhs.duke.edu/mfq.html

Psychosocial Measure	Tools and Description	Number of Items and Format	Age Group	Administration and Scoring Time Training (none, unless otherwise indicated)	Psychometric Properties	Cultural Consideration[a]	Cost and Developer
	PHQ-A (Patient Health Questionnaire for Adolescents)[105] *Screens for anxiety, eating problems, mood problems, and substance abuse.*	83 items Self-report (adolescents)	13 to 18 y	Scoring: <5 min	Sensitivity: 75% Specificity: 92% Accuracy: 89% Diagnostic agreement: 0.65 Properties considered acceptable by US Preventive Services Task Force to screen adolescents for depression.[106]	Not described	Freely accessible
	PHQ-A Depression Screen *Screens for depression.*	Abbreviated 9-item screen specifically for depression	12 to 18 y	<5 min to complete and score	Not described	Not described	Free with permission
	BDI (Beck Depression Inventory)[107] *Assesses for depression.*	21 items Self-administered or verbally administered by a trained administrator	14+ y	5 to 10 min Training required	Sensitivity: 84% Specificity: 81%	English, Spanish Reading level: sixth grade	Proprietary ($115/kit)
	BDI-FS (Becks Depression Inventory—FastScreen)[108] *Screens for depression.*	7 items	13+ y	<5 min	Sensitivity: 91% Specificity: 91% Properties considered acceptable by US Preventive Services Task Force to screen adolescents for depression.[106]	Not described	Propriety. ($99/kit)
	Spence Children's Anxiety Scale[109,110] *Assesses for anxiety. Subscales include panic/agoraphobia, social anxiety, separation anxiety, generalized anxiety, obsessions/ compulsions, and fear of physical injury.*	Parent: 35 to 45 Student: 34 to 45	Parent: 2.5 to 6.5 y Student: 8 to 12 y	5 to 10 min	Coefficient alpha: 0.9 to 0.92 Test-retest: 0.60 to 0.63 Normative data: Available for males/females 8 to 19 y from various countries (no US data available)	Available in a variety of languages	Freely accessible
	SCARED (Self-Report for Childhood Anxiety Related Emotional Disorders)[111,112] *Assesses for anxiety—but not specifically OCD or PTSD.*	41 items Parent Youth	8+ y	5 min Scoring: 1 to 2 min	Coefficient alpha: 0.9	English	Freely accessible

Psychosocial Measure	Tools and Description	Number of Items and Format	Age Group	Administration and Scoring Time Training (none, unless otherwise indicated)	Psychometric Properties	Cultural Consideration[a]	Cost and Developer
	CRIES (Children's Revised Impact of Event Scale)[113,114] *Assesses impact of traumatic events.*	13 items total 4 items measuring intrusion 4 items measuring avoidance 5 items measuring arousal Self-report	8 y and older who can read		Cronbach alphas were as follows: Intrusion: 0.70 Avoidance: 073 Arousal: 0.60 Total: 0.80 No validation studies against independent clinical diagnosis have been conducted. As a screening, it is recommended that the results from the Intrusion and Avoidance scales only be used. A sum of the scores on these 2 scales of 17 or more indicates a high probability that the child will obtain a diagnosis of PTSD.	Available in several languages	Freely accessible. Instructions and forms available at childrenandwar.org
	BRIEF (Behavior Rating Inventory of Executive Function)[115] *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/autism.*	86 items Parent Teacher	5 to 18 y	10 to 15 min Scoring: 15 to 20 min	High internal consistency (alphas: 0.80 to 0.98); test-retest reliability (Spearman's rho: 0.82 for parents and 0.88 for teachers); and moderate correlations between teacher and parent ratings (Spearman's rho: 0.32 to 0.34)	Not described	Proprietary ($230 to $385/kit)
	BITSEA (Brief Infant Toddler Social Emotional Assessment)[116,117] *Screens for social-emotional problems in young children.*	42 items Parent report Child care report	12 to 36 mo	7 to 10 min	Nationally standardized on 100 children. Excellent test-retest reliability. Detected 85% to 90% CBCL.	English, Spanish	Proprietary ($108.60/kit)
Diagnostic Tests	CHADIS-DSM[118] *Assesses broadly for mental health symptoms and problems in functioning.*	Electronic Variable number of items depending on response—46 entry followed by algorithm	Birth on by parent	18 to 48 min	*DSM-PC* based	English, some Spanish	Proprietary (Cost not available)

Psychosocial Measure	Tools and Description	Number of Items and Format	Age Group	Administration and Scoring Time Training (none, unless otherwise indicated)	Psychometric Properties	Cultural Consideration[a]	Cost and Developer
	DISC-IV (Diagnostic Interview Schedule for Children)[100,119] *Assesses for more than 30 diagnoses using* DSM-IV, DSM-III-R, *and* ICD-10 *criteria.*	The DISC employs a branching-tree question structure. Altogether, the DISC-Y contains 2,930 questions (the DISC-P contains a few more).	6 to 18 y 2 versions: DISC-P (for parents of children aged 6 to 17 y) and the DISC-Y (for direct administration to children aged 9 to 17 y)	Administration time largely depends on how many symptoms are endorsed. The DISC is scored using a computer algorithm, programmed in SAS. Algorithms have been prepared to score the parent and the youth versions of the DISC according to the symptom criteria listed in the *DSM-IV* diagnostic system.	Test-retest agreement with *DSM-IV* Major Depression criterion A was good (k: 0.79 for parents, k: 0.67 for youths).		There is a charge for the paper version of the NIMH-DISC-IV that covers copying and mailing expenses.
Collateral Information Tools (Algorithm Steps A12a, B2b, B9)							
Rating Scales	Vanderbilt[73]	See previous entry in table.					
	Conners[74,75]	See previous entry in table.					
	SNAP-IV-C[76–78]	See previous entry in table.					
	SWAN[79–81]	See previous entry in table.					
	BASC[82–84]	See previous entry in table.					
	ADHD Rating Scale-IV[85,86]	See previous entry in table.					
	Conduct Disorder Scale[90] *Rates disruptive behaviors.*	See previous entry in table.					
	Disruptive Behavior Rating Scale[120] *Rates symptoms in domains of oppositional/defiant behaviors, inattention, impulsivity/ overactivity.*	45 items Parent/teacher	5 to 10 y	5 to 10 min	Test-retest: 0.68 to 0.92 Inter-rater reliability: not assessed Internal consistency: 0.72 to 0.95 Criterion validity was assessed and found to be acceptable.	Limited, Caucasian, other—sample from central Virginia	Freely accessible
	Early Childhood Screening Assessment[20]	See previous entry in table.					
	BITSEA[116,117]	See previous entry in table.					

Psychosocial Measure	Tools and Description	Number of Items and Format	Age Group	Administration and Scoring Time Training (none, unless otherwise indicated)	Psychometric Properties	Cultural Consideration[a]	Cost and Developer
	C-TRF (Caregiver-Teacher Report Form)[121] *Assesses for emotionally reactive, anxious/depressed, somatic complaints, withdrawn, attention problems, and aggressive behavior.*	99 items Child care providers Teachers	1.5 to 5 y	Hand and computer scoring	Normed on 1,192 children. Consistent with *DSM* diagnostic catagories.	English	Proprietary ($160/kit for hand scoring; $295/kit for computer scoring)

AAP, American Academy of Pediatrics; MCHB, Maternal and Child Health Bureau; NA, not applicable; PPV, positive predictive value; NPV, negative predictive value; ROC, receiver operator curve; *DSM-IV, Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition;* ADHD, attention-deficit/hyperactivity disorder; ODD, oppositional-defian disorder; CD, conduct disorder; OCD, obsessive-compulsive disorder; PTSD, post-traumatic stress disorder; *DSM-III-R, Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised; ICD-10, International Classification of Diseases, 10th Edition.*

[a]A good overview of cultural competence in the mental health is provided by *Cultural Competency: A Practical Guide for Mental Health Service Providers,* published by the Hogg Foundation for Mental Health at the University of Texas (www.hogg.utexas.edu/PDF/Saldana.pdf).

[b]Screening tool designed for large-scale screening; easily administered, scored, and interpreted.

References

1. American Academy of Pediatrics Council on Children With Disabilities, Section on Developmental and Behavioral Pediatrics, Bright Futures Steering Committee, Medical Home Initiatives for Children With Special Needs Project Advisory Committee. Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental screening and surveillance. *Pediatrics.* 2006;118:405–420
2. Barnes KE. *Preschool Screening: The Measurement and Prediction of Children At-Risk.* Springfield, IL: Charles C. Thomas; 1982
3. American Psychiatric Association Task Force on DSM-IV. *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV-TR.* 4th ed. Text rev. Washington, DC: American Psychiatric Association; 2000
4. American Academy of Pediatrics Task Force on Mental Health. Algorithms to guide primary care clinicians in promoting mental health, identifying and addressing mental health and substance use concerns in pediatric primary care. *Pediatrics.* In press
5. Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents.* 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008
6. Guidelines for Adolescent Preventive Services (GAPS). American Medical Association Web site. Available at: http://www.ama-assn.org/ama/pub/physician-resources/public-health/promoting-healthy-lifestyles/adolescent-health/guidelines-adolescent-preventive-services.page. Accessed January 6, 2012
7. Goldenring JM, Cohen E. Getting into adolescent heads. *Contemp Pediatr.* 1988;5:75–90
8. Stashwick C. When you suspect an eating disorder. *Contemp Pediatr.* 1996;13:124–153
9. Goldenring JM, Rosen DS. Getting into adolescent heads: an essential update. *Contemp Pediatr.* 2004;21:64–90
10. Jellinek MS, Bishop SJ, Murphy JM, Biederman J, Rosenbaum JF. Screening for dysfunction in the children of outpatients at a psychopharmacology clinic. *Am J Psychiatry.* 1991;148:1031–1036
11. Jellinek MS, Murphy JM, Little M, Pagano ME, Comer DM, Kelleher KJ. Use of the Pediatric Symptom Checklist to screen for psychosocial problems in pediatric primary care: a national feasibility study. *Arch Pediatr Adolesc Med.* 1999;153:254–260
12. Gardner W, Lucas A, Kolko DJ, Campo JV. Comparison of the PSC-17 and alternative mental health screens in an at-risk primary care sample. *J Am Acad Child Adolesc Psychiatry.* 2007;46:611–618

13. Hacker KA, Myagmarjav E, Harris V, Suglia SF, Weidner D, Link D. Mental health screening in pediatric practice: factors related to positive screens and the contribution of parental/personal concern. *Pediatrics.* 2006;118:1896–1906
14. Pediatric Symptom Checklist. Massachusetts General Hospital Web site. Available at: http://www2.massgeneral.org/allpsych/psc/psc_home.htm. Accessed January 20, 2010
15. Pediatric Symptom Checklist. Minnesota Department of Health Web site. Available at: http://www.health.state.mn.us/divs/fh/mch/devscrn/instr/psc.html. Accessed January 20, 2010
16. Goodman R, Ford T, Simmons H, Gatward R, Meltzer H. Using the Strengths and Difficulties Questionnaire (SDQ) to screen for child psychiatric disorders in a community sample. *Br J Psychiatry.* 2000;177:534–539
17. Nijenhuis ER, Spinhoven P, van Dyck R, van der Hart O, Vanderlinden J. The development of the Somatoform Dissociation Questionnaire (SDQ-5) as a screening instrument for dissociative disorders. *Acta Psychiatr Scand.* 1997;96:311–318
18. Nijenhuis ER, Spinhoven P, van Dyck R, van der Hart O, Vanderlinden J. Psychometric characteristics of the Somatoform Dissociation Questionnaire: a replication study. *Psychother Psychosom.* 1998;67:17–23
19. SDQ (Strengths & Difficulties Questionnaires). Youth in Mind Web site. Available at: http://www.sdqinfo.org. Accessed January 6, 2012
20. Gleason MM, Dickstein S, Zeanah CH. Recognizing young children in need of mental health assessment: development and preliminary validity of the Early Childhood Screening Assessment. *Infant Ment Health J.* In press
21. Squires J, Bricker DD, Twombly E. *Ages & Stages Questionnaires: Social-Emotional (ASQ:SE). A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors.* Baltimore, MD: Paul H. Brookes Publishing Co, Inc; 2002
22. Knight JR, Shrier LA, Bravender TD, Farrell M, Vander Bilt J, Shaffer HJ. A new brief screen for adolescent substance abuse. *Arch Pediatr Adolesc Med.* 1999;153:591–596
23. Early Identification and Brief Intervention. International Center for Alcohol Policies Web site. Available at: http://www.icap.org/PolicyTools/ICAPBlueBook/BlueBookModules/18EarlyIdentificationandBriefIntervention/tabid/178/Default.aspx. Accessed January 20, 2010
24. The CRAFFT Screening Tool. Center for Adolescent Substance Abuse Research Web site. Available at: http://www.ceasar-boston.org/CRAFFT/index.php. Accessed January 20, 2010
25. Cox JL, Holden JM, Sagovsky R. Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. *Br J Psychiatry.* 1987;150:782–786
26. Garcia-Esteve L, Ascaso C, Ojuel J, Navarro P. Validation of the Edinburgh Postnatal Depression Scale (EPDS) in Spanish mothers. *J Affect Disord.* 2003;75:71–76
27. Mazhari S, Nakhaee N. Validation of the Edinburgh Postnatal Depression Scale in an Iranian sample. *Arch Womens Ment Health.* 2007;10:293–297
28. Pollock JI, Manaseki-Holland S, Patel V. Detection of depression in women of child-bearing age in non-western cultures: a comparison of the Edinburgh Postnatal Depression Scale and the Self-Reporting Questionnaire-20 in Mongolia. *J Affect Disord.* 2006;92:267–271
29. Spek V, Nyklicek I, Cuijpers P, Pop V. Internet administration of the Edinburgh Depression Scale. *J Affect Disord.* 2008;106:301–305
30. Werrett J, Clifford C. Validation of the Punjabi version of the Edinburgh postnatal depression scale (EPDS). *Int J Nurs Stud.* 2006;43:227–236
31. Kemper KJ, Kelleher KJ. Family psychosocial screening: instruments and techniques. *Ambul Child Health.* 1996;1:325–339
32. Kroenke K, Spitzer RL, Williams JB. The PHQ-9: validity of a brief depression severity measure. *J Gen Intern Med.* 2001;16:606–613
33. Spitzer RL, Kroenke K, Williams JB. Validation and utility of a self-report version of PRIME-MD: the HQ Primary Care Study. Primary Care Evaluation of Mental Disorders. Patient Health Questionnaire. *JAMA.* 1999;282:1737–1744
34. Kroenke K, Spitzer RL. The PHQ-9: a new depression and diagnostic severity measure. *Psychiatr Ann.* 2002;32:509–515
35. Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: validity of a two-item depression screener. *Med Care.* 2003;41:1284–1292
36. Löwe B, Kroenke K, Gräfe K. Detecting and monitoring depression with a two-item questionnaire (PHQ-2). *J Psychosom Res.* 2005;58:163–171
37. McFarlane J, Parker B, Soeken K, Bullock L. Assessing for abuse during pregnancy. Severity and frequency of injuries and associated entry into prenatal care. *JAMA.* 1992;267:3176–3178
38. Ryan CE, Epstein NB, Keitner GI, Miller IW, Bishop DS. *Evaluating and Treating Families: The McMaster Approach.* New York, NY: Routledge; 2005

39. Kabacoff RI, Miller IW, Bishop DS, Epstein NB, Keitner GI. A psychometric study of the McMaster Family Assessment Device in psychiatric, medical, and nonclinical samples. *J Fam Psychol.* 1990;3:431–439
40. Shek DTL. The General Functioning Scale of the Family Assessment Device: does it work with Chinese adolescents? *J Clin Psychol.* 2001;57:1503–1516
41. Miller IW, Epstein NB, Bishop DS, Keitner GI. The McMaster Family Assessment Device: reliability and validity. *J Marital Fam Ther.* 1985;11:345–356
42. Zimet GD, Powell SS, Farley GK, Werkman S, Berkoff KA. Psychometric characteristics of the Multidimensional Scale of Perceived Social Support. *J Pers Assess.* 1990;55:610–617
43. Dahlem NW, Zimet GD, Walker RR. The Multidimensional Scale of Perceived Social Support: a confirmation study. *J Clin Psychol.* 1991;47:756–761
44. Zimet GD, Dahlem NW, Zimet SG, Farley GK. The Multidimensional Scale of Perceived Social Support. *J Pers Assess.* 1988;52:30–41
45. Canty-Mitchell J, Zimet GD. Psychometric properties of the Multidimensional Scale of Perceived Social Support in urban adolescents. *Am J Community Psychol.* 2000;28:391–400
46. Cecil H, Stanley MA, Carrion PG, Swann A. Psychometric properties of the MSPSS and NOS in psychiatric outpatients. *J Clin Psychol.* 1995;51:593–602
47. Dubowitz H, Feigelman S, Lane W, et al. Screening for depression in an urban pediatric primary care clinic. *Pediatrics.* 2007;119:435–443
48. Kim J, Dubowitz H, Hudson-Martin E, Lane W. Comparison of 3 data collection methods for gathering sensitive and less sensitive information. *Ambul Pediatr.* 2008;8:255–260
49. Abidin RR. Parenting stress and the utilization of pediatric services. *Child Health Care.* 1983;11:70–73
50. Loyd BH, Abidin RR. Revision of the Parenting Stress Index. *J Pediatr Psychol.* 1985;10:169–177
51. Parenting Stress Index (PSI). 3rd ed. Psychological Assessment Resources, Inc Web site. Available at: http://www4.parinc.com/Products/Product.aspx?ProductID=PSI. Accessed January 6, 2012
52. Stress Index for Parents of Adolescents (SIPA). Psychological Assessment Resources, Inc Web site. Available at: http://www4.parinc.com/products/product.aspx?Productid=SIPA. Accessed January 6, 2012
53. Foa EB, Johnson KM, Feeny NC, Treadwell KR. The child PTSD Symptom Scale: a preliminary examination of its psychometric properties. *J Clin Child Psychol.* 2001;30:376–384
54. Profiles: Putting Assessments to Work. Understanding PTSD and the PDS Assessment. Pearson PsychCorp Web site. Available at: http://pearsonassess.com/NR/rdonlyres/059634CE-8196-4004-8E75-33BF36595F66/0/ProFiles_PDS_understanding.pdf. Accessed January 20, 2010
55. University of California at Los Angeles Posttraumatic Stress Disorder Reaction Index (UCLA-PTSD RI). The International Society for Traumatic Stress Studies Web site. Available at: http://www.istss.org/UCLAPosttraumaticStressDisorderReactionIndex.htm. Accessed January 20, 2010
56. Administration and Scoring of the UCLA PTSD Reaction Index for DSM-IV (Revision 1). National Child Traumatic Stress Network Web site. Available at: http://www.nctsnet.org/nctsn_assets/video/ptsdproducer_files/Default.htm. Accessed January 20, 2010
57. Steinberg AM, Brymer MJ, Decker KB, Pynoos RS. The University of California at Los Angeles Post-traumatic Stress Disorder Reaction Index. *Curr Psychiatry Rep.* 2004;6:96–100
58. Laraque D, Jensen P, Schonfeld D. *Feelings Need Check Ups Too.* Elk Grove Village, IL: American Academy of Pediatrics. Available at: http://www.pedialink.org/media/feelings. Accessed January 20, 2010
59. Briere J, Johnson K, Bissada A, et al. The Trauma Symptom Checklist for Young Children (TSCYC): reliability and association with abuse exposure in a multi-site study. *Child Abuse Negl.* 2001;25:1001–1014
60. Trauma Symptom Checklist for Children (TSCC). Psychological Assessment Resources, Inc. (PAR) Web site. Available at: http://www4.parinc.com/products/product.aspx?Productid=TSCC. Accessed January 6, 2012
61. Bird HR, Canino GJ, Davies M, et al. The Brief Impairment Scale (BIS): a multidimensional scale of functional impairment for children and adolescents. *J Am Acad Child Adolesc Psychiatry.* 2005;44:699–707
62. Bird HR, Gould MS, Staghezza BM. Patterns of diagnostic comorbidity in a community sample of children aged 9 through 16 years. *J Am Acad Child Adolesc Psychiatry.* 1993;32:361–368
63. Bird HR, Shaffer D, Fisher P, Gould MS. The Columbia Impairment Scale (CIS): pilot findings on a measure of global impairment for children and adolescents. *Int J Methods Psychiatr Res.* 1993;3:167–176
64. Brannan AM, Heflinger CA, Bickman L. The Caregiver Strain Questionnaire: measuring the impact on the family of living with a child with serious emotional disturbance. *J Emot Behav Disord.* 1997;5:212–222
65. Brannan AM, Heflinger CA. Distinguishing caregiver strain from psychological distress: modeling the relationship among child, family, and caregiver variables. *J Child Fam Stud.* 2001;10:405–418
66. Endicott J, Spitzer RL, Fleiss JL, Cohen J. The Global Assessment Scale. A procedure for measuring overall severity of psychiatric disturbance. *Arch Gen Psychiatry.* 1976;33:766–771

67. Shaffer D, Gould MS, Brasic J, et al. A Children's Global Assessment Scale (CGAS). *Arch Gen Psychiatry.* 1983;40:1228–1231
68. Juhnke GA. The adapted-SAD PERSONS: a suicide assessment scale designed for use with children. *Elem Sch Guid Couns.* 1996;30:252–258
69. He XZ, Lyons JS, Heinemann AW. Modeling crisis decision-making for children in state custody. *Gen Hosp Psychiatry.* 2004;26:378–383
70. Achenbach TM. *Integrative Guide to the 1991 CBCL/4-18, YSR, and TRF Profiles.* Burlington, VT: University of Vermont, Department of Psychiatry; 1991
71. Achenbach TM, Rescoria LA. ASEBA Child Behavior Checklist for Ages 1.5-5, and ASEBA Caregiver-Teacher Report Form for Ages 1.5-5 (CBCL 1.5-5, C-TRF). Psychological Assessment Resources, Inc. (PAR) Web site. Available at: http://www4.parinc.com/products/product.aspx?Productid=CBCL-PS. Accessed January 6, 2012
72. Achenbach TM, Rescoria LA. ASEBA Child Behavior Checklist for Ages 6-18, ASEBA Teacher's Report Form for Ages 6-18, and ASEBA Youth Self-Report for Ages 11-18 (CBCL 6-18, TRF 6-18, YSR 11-18). Psychological Assessment Resources, Inc. (PAR) Web site. Available at: http://www4.parinc.com/products/product.aspx?Productid=CBCL-S. Accessed January 6, 2012
73. Wolraich ML, Lambert W, Doffing MA, Bickman L, Simmons T, Worley K. Psychometric properties of the Vanderbilt ADHD diagnostic parent rating scale in a referred population. *J Pediatr Psychol.* 2003;28:559–567
74. Conners CK, Wells KC, Parker JD, Sitarenios G, Diamond JM, Powell JW. A new self-report scale for assessment of adolescent psychopathology: factor structure, reliability, validity, and diagnostic sensitivity. *J Abnorm Child Psychol.* 1997;25:487–497
75. Conners 3, Conners 3rd Edition. MHS Website. Available at: http://www.mhs.com/product.aspx?gr=cli&prod=conners3&id=overview. Accessed January 6, 2012
76. The SNAP-IV Teacher and Parent Rating Scale. ADHD.net Web site. Available at: http://www.adhd.net/snap-iv-form.pdf. Accessed January 20, 2010
77. Scoring Instructions for the SNAP-IV-C Rating Scale. ADHD.net Web site. Available at: http://www.adhd.net/snap-iv-instructions.pdf. Accessed January 20, 2010
78. Bussing R, Fernandez M, Harwood M, et al. Parent and Teacher SNAP-IV ratings of attention deficit/hyperactivity disorder symptoms. Psychometric properties and normative ratings from a school district sample. *Assessment.* 2008;15:317–328
79. The SWAN Rating Scale. ADHD.net Web site. Available at: http://www.adhd.net/SWAN_SCALE.pdf. Accessed January 20, 2010
80. Young DJ, Levy F, Martin NC, Hay DA. Attention deficit hyperactivity disorder: a Rasch analysis of the SWAN Rating Scale. *Child Psychiatry Hum Dev.* 2009;40:543–559
81. Robaey P, Amre D, Schachar R, Simard L. French Version of the Strengths and Weaknesses of ADHD Symptoms and Normal Behaviors (SWAN-F) Questionnaire. *J Can Acad Child Adolesc Psychiatry.* 2007;16:80–89
82. BASC-2 (Behavior Assessment System for Children). 2nd ed. Pearson PsychCorp Web site. Available at: http://pearsonassess.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=PAa30000. Accessed January 6, 2012
83. Kamphaus RW, Reynolds CR, Hatcher NM, Kim S. Treatment planning and evaluation with the Behavior Assessment System for Children (BASC). In: Maruish ME, ed. *The Use of Psychological Testing for Treatment Planning and Outcomes Assessment.* Vol 2. 3rd ed. Instruments for Children and Adolescents. Mahwah, NJ: Lawrence Erlbaum; 2004:331–354
84. Sandoval J, Echandia A. Behavior assessment system for children. *J Sch Psychol.* 1994;32:419–425
85. DuPaul GJ, Power TJ, Anastopoulos AD, Reid R. *ADHD Rating Scale-IV - Checklists, Norms, and Clinical Interpretation.* New York, NY: Guilford Press; 1998
86. ADHD Rating Scale-IV - Checklists, Norms, and Clinical Interpretations. A.D.D. WareHouse Web site. Available at: http://www.addwarehouse.com/shopsite_sc/store/html/product52.html. Accessed January 6, 2012
87. Sorgi P, Ratey J, Knoedler DW, Markert RJ, Reichman M. Rating aggression in the clinical setting. A retrospective adaptation of the Overt Aggression Scale: preliminary results. *J Neuropsychiatry Clin Neurosci.* 1991;3:S52–S56
88. Kay SR, Wolkenfeld F, Murrill LM. Profiles of aggression among psychiatric patients: I. nature and prevalence. *J Nerv Ment Dis.* 1988;176:539–546
89. Chukwujekwu DC, Stanley PC. The Modified Overt Aggression Scale: how valid in this environment? *Niger J Med.* 2008;17:153–155
90. Gilliam JE. Conduct Disorder Scale (CDS). PRO-ED Inc. Web site. Available at: http://www.proedinc.com/customer/productView.aspx?ID=2277. Accessed January 6, 2012
91. Brooks SJ, Krulewicz SP, Kutcher S. The Kutcher Adolescent Depression Scale: assessment of its evaluative properties over the course of an 8-week pediatric pharmacotherapy trial. *J Child Adolesc Psychopharmacol.* 2003;13:337–349
92. LeBlanc JC, Almudevar A, Brooks SJ, Kutcher S. Screening for adolescent depression: comparison of the Kutcher Adolescent Depression Scale with the Beck depression inventory. *J Child Adolesc Psychopharmacol.* 2002;12:113–126

93. Kutcher S. 6-ITEM Kutcher Adolescent Depression Scale: KADS-6. Canadian Psychiatric Research Foundation Web site. Available at: http://cprf.ca/education/Openmind2006/6KADS.pdf. Accessed January 20, 2010
94. Faulstich ME, Carey MP, Ruggiero L, Enyart P, Gresham F. Assessment of depression in childhood and adolescence: an evaluation of the Center for Epidemiological Studies Depression Scale for Children (CES-DC). *Am J Psychiatry.* 1986;143:1024–1027
95. Doerfler LA, Felner RD, Rowlison RT, Raley PA, Evans E. Depression in children and adolescents: a comparative analysis of the utility and construct validity of two assessment measures. *J Consult Clin Psychol.* 1988;56:769–772
96. Faulstich ME, Moore JR, Carey MP, Ruggiero L, Gresham F. Prevalence of DSM-III conduct and adjustment disorders for adolescent psychiatric inpatients. *Adolescence.* 1986;21:333–337
97. Garrison CZ, Addy CL, Jackson KL, McKeown RE, Waller JL. The CES-D as a screen for depression and other psychiatric disorders in adolescents. *J Am Acad Child Adolesc Psychiatry.* 1991;30:636–641
98. Weissman MM, Orvaschel H, Padian N. Children's symptom and social functioning self-report scales: comparison of mothers' and children's reports. *J Nerv Ment Dis.* 1980;168:736–740
99. Center for Epidemiological Studies Depression Scale for Children (CES-DC). In: Jellinek MS, Patel BP, Froehle MC, eds. *Bright Futures in Practice: Mental Health Vol. 2. Tool Kit.* Arlington, VA: National Center for Education in Maternal and Child Health; 2002:57–58. Available at: http://www.brightfutures.org/mentalhealth/pdf/professionals/bridges/ces_dc.pdf. Accessed January 20, 2010
100. Shaffer D, Fisher P, Lucas CP, Dulcan MK, Schwab-Stone ME. NIMH Diagnostic Interview Schedule for Children Version IV (NIMH DISC-IV): description, differences from previous versions, and reliability of some common diagnoses. *J Am Acad Child Adolesc Psychiatry.* 2000;39:28–38
101. Lucas CP, Zhang H, Fisher PW, et al. The DISC Predictive Scales (DPS): efficiently screening for diagnoses. *J Am Acad Child Adolesc Psychiatry.* 2001;40:443–449
102. Children's Depression Inventory (CDI). Pearson PsychCorp Web site. Available at: http://pearsonassess.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=015-8044-762. Accessed January 6, 2012
103. Angold A, Costello EJ, Messer SC, Pickles A. Development of a short questionnaire for use in epidemiological studies of depression in children and adolescents. *Int J Methods Psychiatr Res.* 1995;5:237–249
104. Messer SC, Angold, A, Costello EJ, et al. Development of a short questionnaire for use in epidemiological studies of depression in children and adolescents: factor composition and structure across development. *Int J Methods Psychiatr Res.* 1995;5:251–262
105. Johnson JG, Harris ES, Spitzer RL, Williams JB. The patient health questionnaire for adolescents: validation of an instrument for the assessment of mental disorders among adolescent primary care patients. *J Adolesc Health.* 2002;30:196–204
106. US Preventive Services Task Force. Screening and treatment for major depressive disorder in children and adolescents: US Preventive Services Task Force recommendation statement. *Pediatrics.* 2009;123:1223–1228.
107. Steer RA, Kumar G, Beck JS, Beck AT. Evidence for the construct validities of the Beck Youth Inventories with child psychiatric outpatients. *Psychol Rep.* 2001;89:559–565
108. BDI – FastScreen for Medical Patients. Pearson Assessment and Information Web site. Available at: http://pearsonassess.com/haiweb/cultures/en-us/productdetail.htm?pid=015-8019-415. Accessed January 6, 2012
109. Spence SH. Spence Children's Anxiety Scale Web site. Available at: http://www.scaswebsite.com. Accessed January 20, 2010
110. Spence SH, Barrett PM, Turner CM. Psychometric properties of the Spence Children's Anxiety Scale with young adolescents. *J Anxiety Disord.* 2003;17:605–625
111. Screen for Child Anxiety Related Disorders (SCARED) Child Version. Department of Psychiatry, University of Pittsburgh School of Medicine Research Web site. Available at: http://www.wpic.pitt.edu/research/AssessmentTools/ChildAdolescent/ScaredChild-final.pdf. Accessed January 6, 2012
112. Screen for Child Anxiety Related Disorders (SCARED) Parent Version. Department of Psychiatry, University of Pittsburgh School of Medicine Research Web site. Available at: http://www.wpic.pitt.edu/research/AssessmentTools/ChildAdolescent/ScaredParent-final.pdf. Accessed January 6, 2012
113. Children's Revised Impact of Event Scale. Children and War Foundation Web site. Available at: http://www.childrenandwar.org/measures/children's-revised-impact-of-event-scale-8-–-cries-8. Accessed January 6, 2012
114. Giannopoulou J, Dikaiakou A, Yule W. Cognitive–behavioural group intervention for PTSD symptoms in children following the Athens 1999 earthquake: a pilot study. *Clin Child Psychol Psychiatry.* 2006;11:543–553
115. Gioia GA, Isquith PK, Guy SC. Behavior Rating Inventory of Executive Function (BRIEF). Psychological Assessment Resources, Inc. (PAR) Web site. Available at: http://www4.parinc.com/products/product.aspx?Productid=BRIEF. Accessed January 6, 2012

116. Briggs-Gowan MJ, Carter AS, Irwin JR, et al. The Brief-Infant Toddler Social and Emotional Assessment: screening for social-emotional problems and delays in competence. *J Pediatr Psychol.* 2004;29:143–155

117. Brief Infant Toddler Social Emotional Assessment. Pearson Assessments Web site. Available at: http://www.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=015-8007-352. Accessed January 6, 2012

118. Bergman DA, Beck A, Rahm AK.The use of internet-based technology to tailor well-child care encounters. *Pediatrics.* 2009;124:e37–e43

119. The National Institute of Mental Health Diagnostic Interview Schedule for Children (NIMH-DISC). Center for HIV Identification, Prevention, and Treatment Services (CHIPTS) Web site. Available at: http://chipts.ucla.edu/assessment/pdf/assessments/disc_for_the_web.pdf. Accessed November 14, 2011

120. Erford, BT. Technical analysis of father responses to the Disruptive Behavior Rating Scale - Parent Version (DBRS-P). *Meas Eval Couns Devel.* 1998;30:199–210

121. Caregiver-Teacher Report Form/1½-5 (C-TRF). Achenbach System of Empirically-Based Assessment Web site. Available at: http://shop1.mailordercentral.com/aseba/prodinfo.asp?number=901. Accessed March 22, 2010