

Family ID: _____

Respondent First Name: _____

Caregiver Check-In on Child

The following questions ask about your child's behavior and your family interactions during the past week. Answering these questions helps us see how your family is doing and what may be causing stress.

Today's Date: ____/____/____

Relationship to Child: _____
 (Example: step-mother, birth father, aunt, foster mom, etc.)

CHILD BEHAVIORS

In the past week, my child.....	Occurred	This behavior was a problem for me
1. Complained of headaches, stomach-aches, or sickness	[] 1	[] 2
2. Had many worries, seemed worried	[] 1	[] 2
3. Was unhappy, depressed, or tearful	[] 1	[] 2
4. Was nervous in new situations, easily lost confidence	[] 1	[] 2
5. Had many fears, was easily scared	[] 1	[] 2
6. Lost temper	[] 1	[] 2
7. Fought with or bullied other children	[] 1	[] 2
8. Lied or cheated	[] 1	[] 2
9. Purposefully destroyed property	[] 1	[] 2
10. Had trouble concentrating or paying attention	[] 1	[] 2
11. Had trouble or complaints from school	[] 1	[] 2
	Sum: _____	Sum: _____

12. How stressful were your interactions with your child in the **last week**?
 0 1 2 3 4 5 6
Not stressful **A little stressful** **Somewhat stressful** **Very stressful**

13. How much progress do you feel you have made in the **last week** regarding your treatment goal of _____?
 0 1 2 3 4 5 6
No progress **A little progress** **Some progress** **A lot of progress**

14. What behaviors or events would you like to talk about today? _____
