

## Instructions

The 34 core questions in the Pediatric Mental Health Screening Assessment consist of questions from 4 validated mental health questionnaires:

1. Pediatric Symptom Checklist (PSC) - emotional and behavioral problems
2. Eating Disorder section of the KSADS - eating behaviors
3. CRAFFT - substance use
4. PHQ-2 - depression

MindLogger allows for additional assessments to be included, so that additional topics related to mental health and learning disorders can be assessed.

**Collection of Additional Assessments** (pg. 2-4): This section lists additional assessments that are either currently available. If your practice is interested in an assessment, place a check in the first column. Additionally, if you are interested in a topic and/or assessment that is *not* listed, please specify the topic and/or assessment in the provided space on the fourth page.

**Glossary of Additional Assessments** (pg. 5-9): This section briefly explains each assessment included in the previous section by including information about topics assessed, language options, number of items, response options, scoring interpretation, and age ranges that the assessment is validated for. Full copies of these assessments are available upon request.

For questions, please contact the PMHSA Team at [PMHSA@ChildMind.org](mailto:PMHSA@ChildMind.org)

Practice Name: \_\_\_\_\_

### Additional Available Assessments

Aggression			
Select Here	Assessment Name	Number of Items	Estimated Completion Time
	Modified Overt Aggression Scale (MOAS)	20	5 min
	Outburst Monitoring Scale (OMS)	20	5 min
Anxiety			
Select Here	Assessment Name	Number of Items	Estimated Completion Time
	Generalized Anxiety Disorder (GAD-7)	7	1 min
	Penn State Worry Questionnaire - Adults (PSWQ-a)	16	4 min
	Screen for Child Anxiety Related Emotional Disorders (SCARED)	41	10 min
Attention			
Select Here	Assessment Name	Number of Items	Estimated Completion Time
	Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist	18	4-5 min
	Strengths and Weaknesses Assessment of Normal Behavior (SWAN)	18	4-5 min
	Vanderbilt ADHD Diagnostic Parent Rating Scale (VADPRS)	55, 62	14-16 min
Autism/Development			
Select Here	Assessment Name	Number of Items	Estimated Completion Time
	Autism Spectrum Screening Questionnaire (ASSQ)	27	6 min
Behavior			
Select Here	Assessment Name	Number of Items	Estimated Completion Time
	Swanson, Nolan, and Pelham (SNAP-IV) Questionnaire	26	6 min
Depression			
Select Here	Assessment Name	Number of Items	Estimated Completion Time

	Patient Health Questionnaire (PHQ-9) - Teen	10, 13	2-3 min
	Mood and Feelings Questionnaire (MFQ) - Short	13	3 min
	Mood and Feelings Questionnaire (MFQ) - Long	33	8 min
	Edinburgh Postnatal Depression Screening (EPDS)	10	2 min
<b>Eating Behaviors</b>			
<b>Select Here</b>	<b>Assessment Name</b>	<b>Number of Items</b>	<b>Estimated Completion Time</b>
	Eating Attitudes Test (EAT-26)	26	6 min
<b>General Psychosocial Screens</b>			
<b>Select Here</b>	<b>Assessment Name</b>	<b>Number of Items</b>	<b>Estimated Completion Time</b>
	Affective Reactivity Index (ARI)	7	1-2 min
	Survey of Well-being of Young Children (SWYC) - Baby Pediatric Symptom Checklist (BPSC)	12	3 min
	Columbia Impairment Scale (CIS)	13	3 min
	Survey of Well-being of Young Children (SWYC) - Preschool Pediatric Symptom Checklist (PPSC)	18	4-5 min
<b>Mania</b>			
<b>Select Here</b>	<b>Assessment Name</b>	<b>Number of Items</b>	<b>Estimated Completion Time</b>
	Young Mania Rating Scale (YMRS)	11	3 min
<b>Obsessions and Compulsions</b>			
<b>Select Here</b>	<b>Assessment Name</b>	<b>Number of Items</b>	<b>Estimated Completion Time</b>
	Yale-Brown Obsessive Compulsive Scale (Y-BOCS)	10	2-3 min
<b>Substance and Media Use</b>			
<b>Select Here</b>	<b>Assessment Name</b>	<b>Number of Items</b>	<b>Estimated Completion Time</b>
	Screening to Brief Intervention (S2BI)	7	1 min
	Drug Abuse Screening Test (DAST 10)	11	3 min

	Parent Child Internet Addiction Test (PCIAT)	20	10 min
<b>Suicide</b>			
<b>Select Here</b>	<b>Assessment Name</b>	<b>Number of Items</b>	<b>Estimated Completion Time</b>
	Ask Suicide-Screening Questions (ASQ)	5	30 sec-1 min
	Columbia Suicide Severity Rating Scale (C-SSRS)	6	30 sec-1 min
<b>Trauma</b>			
<b>Select Here</b>	<b>Assessment Name</b>	<b>Number of Items</b>	<b>Estimated Completion Time</b>
	Adverse Childhood Experiences (ACEs) Questionnaire	17	4 min
	Child PTSD Symptom Scale (CPSS)	26	6-7 min

Other Desired Assessments: \_\_\_\_\_

## GLOSSARY

### ***Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist (Kessler et al. 2005)***

This 18-item self report tool, developed with the World Health Organization (WHO), screens for attention-deficit hyperactivity disorder (ADHD) in adults using the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). This assessment consists of Part A (6 questions) and Part B (12 questions). Each item is ranked on a 5-point Likert scale from “never” to “very often”.

### ***Adverse Childhood Experiences (ACE) Questionnaire (Felitti et al. 1998; Harris and Renschler 2015; Murphy et al. 2014)***

This questionnaire measures different types of childhood trauma, such as abuse (physical, emotional, and sexual), neglect (physical and emotional), and household dysfunction (domestic violence, parents’ marital status, and substance abuse). There is a 17-item parent-report option and a 19-item teen self-report option (ages 13-19). Sum of scores is calculated, with higher scores suggesting increased traumatic events during childhood.

### ***Affective Reactivity Index (ARI) (Stringaris et al. 2012)***

The ARI assesses three aspects of irritability: 1) angry reaction threshold, 2) angry feelings/behavior frequency, and 3) time duration of angry feelings/behaviors. This assessment is available as parent-report and self-report options. The ARI consists of 7 items, with each statement being scored as “Not True” (0) “somewhat true” (1), or “certainly true” (2). Average scores are calculated, with categories ranging from “none” to “moderate-severe”.

### ***Ask Suicide-Screening Questions (ASQ) (Horowitz et al. 2012)***

The Ask Suicide-Screening Questions is a brief screening tool, developed by the National Institute of Mental Health, that assesses suicide risk in persons aged 8 or older. This self-report tool includes up to 5 questions that are answered either by Yes/No or free response entry.

### ***Autism Spectrum Screening Questionnaire (ASSQ) (Ehlers, Gillberg, and Wing 1999)***

The ASSQ screens for symptoms associated with Asperger syndrome and other forms of autism spectrum disorder (ASD) in children and adolescents between the ages of 7-16. Parents report on their child by responding “No” (0), “Somewhat” (1), or “Yes” (2) to each of the 27 items. Scores range from 0 to 54, with any score at or above 15 suggesting clinical concern.

### ***Child PTSD Symptom Scale (CPSS) (Foa et al. 2001)***

The CPSS assesses a child or adolescent’s severity of post-traumatic stress disorder symptoms, according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). This self-report assessment is administered to persons aged 8-18. The CPSS consists of 26 items, divided into 2 parts. Items are answered by Yes/No, a 4-point Likert Scale from 0 (“not at all or only at one time”) to 3 (“5 or more times a week/almost always”), or free response entry.

***Columbia Impairment Scale (CIS)*** (Bird et al. 1993)

The CIS assesses general impairment across 4 major functioning areas: 1) interpersonal relations, 2) psychological domain, 3) job/school functioning, 4) use of leisure time. This tool is offered as both parent-report (ages 4-15) and self-report (16+). The 13 items are scored from “no problem” (0) to “very bad problem” (4), for a total score between 0 to 52, with any score at or above 15 suggesting significant impairment.

***Columbia Suicide Severity Rating Scale (C-SSRS)*** (Posner et al. 2011)

This tool screens for and assesses suicide risk in persons aged 12 and older by 1) listing definitions and corresponding probes related to suicide and self-injurious behavior, 2) quantifying and gauging the severity of the entire spectrum of suicidal ideation and behaviors, and 3) differentiating suicidal versus nonsuicidal self-injurious behaviors. The abbreviated version includes up to 6 items that ask questions about these behaviors over the past month. Scores suggest low, moderate, or high risk.

***Drug Abuse Screen Test (DAST 10)*** (Skinner 1982)

The DAST 10 is a condensed, 10-item version of the original 28-item Drug Abuse Screen Test. This self-report tool screens for various consequences related to drug abuse in persons aged 16 and older. Scores range from “low risk/abstain” (0) to “dependent” ( $\geq 6$ ).

***Eating Attitudes Test (EAT-26)*** (Garner et al. 1982)

The EAT-26 is a shortened version of the original, 40-item Eating Attitudes Test (EAT). This self-report assessment screens for eating disorders via three subscales (Dieting, Bulimia and Food Preoccupation, and Oral Control) in persons aged 13 and older. Each of the 26 items are ranked on a scale from “always” to “never”. Total scores range from 0 to 78, with any score at or above 20 suggesting a possible eating disorder.

***Edinburgh Postnatal Depression Screening (EPDS)*** (Cox, Holden, and Sagovsky 1987)

The EPDS is a self-report Scale for identifying women at risk for perinatal depression. The 10-question screening tool takes under 5 minutes to administer. The 10 questions of the scale correspond to various clinical depression symptoms, such as feeling guilty, sleep disturbance, low energy, anhedonia, and suicidal ideation. Overall assessment is done by total score (likert scale of 0-3), with higher scores suggesting greater depression. It is sometimes scored using a cut-off of 10 to warrant a further assessment by a clinician and other times scored using severity categories.

***Generalized Anxiety Disorder (GAD-7)*** (Spitzer et al. 2006; Williams 2014)

The GAD-7 is a 7-item self-report tool screens for anxiety symptoms over the past 2 weeks in persons 12 and older. The response options for the 7 items are “not at all”, “several days”, and “nearly every day”. Scores range from 0-21, with cut-offs at 5 (“mild”), 10 (“moderate”), and 15 (“severe”).

***Modified Overt Aggression Scale (MOAS)*** (Kay, Wolkenfeld, and Murrill 1988; Yudofsky et al. 1986)

The MOAS, developed from the Overt Aggression Scale, screens for different types of aggressive behaviors in children, adolescents, and adults. This tool assesses overall aggression, verbal aggression, property aggression, autoaggression, and physical aggression. Scores from this 16-item questionnaire, administered via parent report, range from 0 to 40.

***Mood and Feelings Questionnaire (MFQ) - Long*** (Costello and Angold 1988)

The MFQ-Long screens for depressive symptoms over the past two weeks in persons aged 8 and older via self-report and parent-report options. The MFQ-Long consists of 33 items, each of which is ranked on a scale of 0 (“not true”) to 2 (“True”). Scores range from 0 to 66, with any score at or above 27 suggesting the presence of depression.

***Mood and Feelings Questionnaire (MFQ) - Short*** (Angold et al. 1995)

The MFQ-Short screens for depressive symptoms over the past two weeks in persons aged 8 and older via self-report and parent-report options. The short versions of the MFQ consist of 13 questions, each of which is ranked on a scale of 0 (“Not True”) to 2 (“True”). Scores range from 0 to 26, with any score at or above 12 suggesting the presence of depression.

***Outburst Monitoring Scale (OMS)*** (Kronenberger, Giaque, and Dunn 2007)

The Outburst Monitoring Scale is a 20-item parent-report assessment that screens for specific types of aggressive behaviors in children and adolescents. These types of aggressive behaviors are: verbal, property, physical, and self-injury. Each item is ranked on a 5-point Likert scale based on its frequency of occurrence over the past week, from “never, rarely (1-2 times)” to “very often ( $\geq 3$  times a day)”.

***Parent Child Internet Addiction Test (PCIAT)*** (K. S. Young 1998b; Young (Editor) and de Abreu (Editor) 2010; K. S. Young 1998a)

The PCIAT is the first validated test developed to assess the presence and severity of internet and technology dependency among children, adolescents and adults. It consists of 20 self-administered (middle school through adult) or parent-administered (elementary school) questions. Each item is rated on a 5-point scale ranging from 0 (Not Applicable) to 5 (Always). The maximum score is 100 points. The higher the score is, the higher is the severity of the addiction. Scores of 31 to 49 indicate the presence of a mild level of Internet addiction; 50 to 79 reflect the presence of a moderate level; and scores of 80 to 100 indicate a severe dependence upon the Internet.

***Patient Health Questionnaire (PHQ-9) - Teen*** (Spitzer et al. 1999; Manea, Gilbody, and McMillan 2015)

The PHQ-9 screens for depression in persons aged 12 and older via a teen self-report version. The teen self-report version is available in both English and in Spanish. The first 9 items are rated on a scale of 0 (“not at all”) to 3 (“nearly every day”), followed by 4 additional items that gauge impairment and suicide.

***Penn State Worry Questionnaire Adults (PSWQ-a)*** (Meyer et al. 1990)

The PSWQ is a self-report tool that assesses levels of worry in adults. More specifically, this scale measures 3 dimensions of worrying: excessiveness, generality, and uncontrollable, to distinguish those with generalized anxiety disorder (GAD) from those with other anxiety disorders. The 16 items are rated from 1 (“very typical of me”) to 5 (“not at all typical”). Scores range from 16-80, with the following severity ranges: under 40 (“low worry”), 40-59 (“moderate worry”), and 60 or above (“high worry”).

***Screen for Child Anxiety Related Emotional Disorders (SCARED)*** (B. Birmaher et al. 1997; Boris Birmaher et al. 1999)

This 41-item assessment screens for anxiety symptomatology in persons aged 8-18 via self-report and parent report options. This tool consists of 5 anxiety factors: “school avoidance”, “social”, “separation”, “generalized anxiety”, and “panic/somatic”. Each item is rated on a scale from 0 (“not true or hardly true”) to 2 (“very true or often true”). Both parent-report and self-report options are available in both English and Spanish.

***Screening to Brief Intervention (S2BI)*** (Levy et al. 2014)

The S2BI screens for substance use (e.g., alcohol and drugs) in the past year in adolescents aged 12-17. This self-report assessment consists of 7 items ranked from 0 (“never”) to 3 (“weekly or more”). Results from this screening tool suggest the respondent’s substance use risk level.

***Strengths and Weaknesses Assessment of Normal Behavior (SWAN)*** (J. Swanson et al. 2001; J. M. Swanson et al. 2012)

The SWAN assesses levels of attention, hyperactivity, and impulse regulation associated with attention-deficit hyperactivity disorder (ADHD) in persons aged 6 and older. The 18 items are rated on a 7-point Likert scale, from “far above average” (-3) “far below average” (+3). The first 9 questions screen for ADHD-Inattentive Type while the last 9 questions screen for ADHD-Hyperactive/Impulsive Type. This parent-report assessment is offered in English and Spanish.

***Survey of Well-being of Young Children (SWYC) - Baby Pediatric Symptom Checklist (BPSC)*** (Perrin et al. 2016; Sheldrick et al. 2013)

The SWYC assesses young children’s behavior. The Baby Pediatric Symptom Checklist (BPSC) assesses socio-emotional difficulties in children aged 0 to 18 months. It consists of 12 questions that are ranked on a 3-point Likert scale from 0 (“not at all”) to 2 (“very much”). In general, any score above a 2 is considered “positive”; however, these scores are sensitive to age. This assessment is offered in English and in Spanish.

***Survey of Well-being of Young Children (SWYC) - Preschool Pediatric Symptom Checklist (PPSC)*** (Perrin et al. 2016; Sheldrick et al. 2013)

The SWYC assesses young children’s behavior. The Preschool Pediatric Symptom Checklist (PPSC) assesses emotions and behavior of children aged 18 to 65 months. It consists of 18 questions that are ranked on a 3-point Likert scale from 0 (“not at all”) to 2 (“very much”). Scores greater than 8 indicate that a child is “at risk” and should receive further evaluation.

***Swanson, Nolan, and Pelham (SNAP-IV) Questionnaire*** (J. M. Swanson 1981)

The SNAP-IV screens for symptoms of inattention and hyperactivity/impulsivity in attention-deficit hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD) in persons aged 6-18. The 26 items are divided into three subsets of questions: inattention (9 questions), hyperactivity/impulsivity (9 questions), and opposition/defiance (8 questions). All items are scored on a 4-point Likert scale, from 0 (“not at all”) to 3 (“very much”), with any score above 12 on the ADHD subsets or above 7 on the ODD subset suggesting mild, moderate, or severe symptoms.



***Vanderbilt ADHD Diagnostic Parent Rating Scale (VADPRS)*** (Wolraich et al. 1998, 2003)

The VADPRS assesses DSM-IV symptoms of attention-deficit hyperactivity disorder (ADHD), conduct disorder, oppositional defiant disorder, tics, anxiety, and depression in children aged 6-12, although this tool *is* applicable to other age groups. This scale is administered via parent-report. The English version includes 62 items and the Spanish version includes 55 items. The majority of the items are scored on a 4-point Likert scale from 0 (“never”) to 3 (“very often”). Scores can suggest the following: “predominantly inattentive subtype”, “predominantly hyperactive/impulsive subtype”, “ADHD combined inattention/hyperactivity”, “oppositional-defiant disorder”, “conduct disorder”, and “anxiety/depression”.

***Yale-Brown Obsessive Compulsive Scale (Y-BOCS)*** (Goodman et al. 1989)

The Y-BOCS measures severity of symptoms associated with obsessive-compulsive disorder (OCD) in persons aged 6-17. This tool consists of 10 items (5 questions on obsessions and 5 questions on compulsions) and is administered via parent report. Scores range from 0 to 40 with the following categories: “subclinical” (0-7), “mild” (8-15), “moderate” (16-23), “severe” (24-31), and “extreme” (32-40).

***Young Mania Rating Scale (YMRS)*** (R. C. Young et al. 1978; Youngstrom et al. 2002)

The YMRS assesses mania associated with bipolar disorder in children aged 5-17. The YMRS consists of 11 items and is administered via parent report. Scores range from 0-60, with any score above 13 indicating a potential case of mania or hypomania and any score about 21 indicating a probable case of mania or hypomania.

## REFERENCES

- Angold, Adrian, Elizabeth J. Costello, Stephen C. Messer, and Andrew Pickles. 1995. "Development of a Short Questionnaire for Use in Epidemiological Studies of Depression in Children and Adolescents." *International Journal of Methods in Psychiatric Research* 5 (4): 237–49.
- Bird, Hector R., David Shaffer, Prudence Fisher, and Madelyn S. Gould. 1993. "The Columbia Impairment Scale (CIS): Pilot Findings on a Measure of Global Impairment for Children and Adolescents." *International Journal of Methods in Psychiatric Research* 3 (3): 167–76.
- Birmaher, B., S. Khetarpal, D. Brent, M. Cully, L. Balach, J. Kaufman, and S. M. Neer. 1997. "The Screen for Child Anxiety Related Emotional Disorders (SCARED): Scale Construction and Psychometric Characteristics." *Journal of the American Academy of Child and Adolescent Psychiatry* 36 (4): 545–53.
- Birmaher, Boris, David A. Brent, Laurel Chiappetta, Jeffrey Bridge, Suneeta Monga, and Marianne Baugher. 1999. "Psychometric Properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED): A Replication Study." *Journal of the American Academy of Child & Adolescent Psychiatry*. <https://doi.org/10.1097/00004583-199910000-00011>.
- Costello, E. J., and A. Angold. 1988. "Scales to Assess Child and Adolescent Depression: Checklists, Screens, and Nets." *Journal of the American Academy of Child and Adolescent Psychiatry* 27 (6): 726–37.
- Cox, J. L., J. M. Holden, and R. Sagovsky. 1987. "Detection of Postnatal Depression." *British Journal of Psychiatry*. <https://doi.org/10.1192/bjp.150.6.782>.
- Ehlers, S., C. Gillberg, and L. Wing. 1999. "A Screening Questionnaire for Asperger Syndrome and Other High-Functioning Autism Spectrum Disorders in School Age Children." *Journal of Autism and Developmental Disorders* 29 (2): 129–41.
- Felitti, Vincent J., Robert F. Anda, Dale Nordenberg, David F. Williamson, Alison M. Spitz, Valerie Edwards, Mary P. Koss, and James S. Marks. 1998. "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults." *American Journal of Preventive Medicine*. [https://doi.org/10.1016/s0749-3797\(98\)00017-8](https://doi.org/10.1016/s0749-3797(98)00017-8).
- Foa, E. B., K. M. Johnson, N. C. Feeny, and K. R. Treadwell. 2001. "The Child PTSD Symptom Scale: A Preliminary Examination of Its Psychometric Properties." *Journal of Clinical Child Psychology* 30 (3): 376–84.
- Garner, D. M., M. P. Olmsted, Y. Bohr, and P. E. Garfinkel. 1982. "The Eating Attitudes Test: Psychometric Features and Clinical Correlates." *Psychological Medicine* 12 (4): 871–78.
- Goodman, W. K., L. H. Price, S. A. Rasmussen, C. Mazure, R. L. Fleischmann, C. L. Hill, G. R. Heninger, and D. S. Charney. 1989. "The Yale-Brown Obsessive Compulsive Scale. I. Development, Use, and Reliability." *Archives of General Psychiatry* 46 (11): 1006–11.
- Harris, N. Burke, and T. Renschler. 2015. "Center for Youth Wellness ACE-Questionnaire (CYW ACE-Q Child, Teen, Teen SR)." <https://www.cymind.org/ace-q>.
- Horowitz, Lisa M., Jeffrey A. Bridge, Stephen J. Teach, Elizabeth Ballard, Jennifer Klima, Donald L. Rosenstein, Elizabeth A. Wharff, et al. 2012. "Ask Suicide-Screening Questions (ASQ): A Brief Instrument for the Pediatric Emergency Department." *Archives of Pediatrics & Adolescent Medicine* 166 (12): 1170–76.
- Kay, S. R., F. Wolkenfeld, and L. M. Murrill. 1988. "Profiles of Aggression among Psychiatric Patients. I. Nature and Prevalence." *The Journal of Nervous and Mental Disease* 176 (9): 539–46.
- Kessler, Ronald C., Lenard Adler, Minnie Ames, Olga Demler, Steve Faraone, Eva Hiripi, Mary J. Howes, et al. 2005. "The World Health Organization Adult ADHD Self-Report Scale (ASRS): A Short Screening Scale for Use in the General Population." *Psychological Medicine* 35 (2): 245–56.
- Kronenberger, William G., Ann L. Giaque, and David W. Dunn. 2007. "Development and Validation of the Outburst Monitoring Scale for Children and Adolescents." *Journal of Child and Adolescent Psychopharmacology* 17 (4): 511–26.
- Levy, Sharon, Roger Weiss, Lon Sherritt, Rosemary Ziemnik, Allegra Spalding, Shari Van Hook, and Lydia A. Shrier. 2014. "An Electronic Screen for Triaging Adolescent Substance Use by Risk Levels." *JAMA Pediatrics* 168 (9): 822–28.
- Manea, Laura, Simon Gilbody, and Dean McMillan. 2015. "A Diagnostic Meta-Analysis of the Patient Health Questionnaire-9 (PHQ-9) Algorithm Scoring Method as a Screen for Depression." *General Hospital Psychiatry* 37 (1): 67–75.
- Meyer, T. J., M. L. Miller, R. L. Metzger, and T. D. Borkovec. 1990. "Development and Validation of the Penn State Worry Questionnaire." *Behaviour Research and Therapy* 28 (6): 487–95.
- Murphy, Anne, Miriam Steele, Shanta Rishi Dube, Jordan Bate, Karen Bonuck, Paul Meissner, Hannah Goldman, and Howard Steele. 2014. "Adverse Childhood Experiences (ACEs) Questionnaire and Adult Attachment Interview (AAI): Implications for Parent Child Relationships." *Child Abuse & Neglect* 38 (2): 224–33.
- Perrin, E. C., R. C. Sheldrick, Z. Visco, and K. Mattern. 2016. "The Survey of Well-Being of Young Children (SWYC) User's Manual." *Boston, MA: Floating Hospital for Children at Tufts Medical Center*.
- Posner, Kelly, Gregory K. Brown, Barbara Stanley, David A. Brent, Kseniya V. Yershova, Maria A. Oquendo, Glenn W. Currier, et al. 2011. "The Columbia-Suicide Severity Rating Scale: Initial Validity and Internal Consistency Findings from Three Multisite Studies with Adolescents and Adults." *The American Journal of Psychiatry* 168 (12): 1266–77.
- Sheldrick, R. Christopher, Brandi S. Henson, Emily N. Neger, Shela Merchant, J. Michael Murphy, and Ellen C. Perrin. 2013. "The Baby Pediatric Symptom Checklist: Development and Initial Validation of a New Social/emotional Screening Instrument for Very Young Children." *Academic Pediatrics* 13 (1): 72–80.
- Skinner, H. A. 1982. "The Drug Abuse Screening Test." *Addictive Behaviors* 7 (4): 363–71.
- Spitzer, Robert L., Kurt Kroenke, Janet B. W. Williams, and the Patient Health Questionnaire Primary Care Study Group, and the Patient Health Questionnaire Primary Care Study Group. 1999. "Validation and Utility of a Self-Report Version of PRIME-MD: The PHQ Primary Care Study." *JAMA: The Journal of the American Medical Association* 282 (18): 1737–44.
- Spitzer, Robert L., Kurt Kroenke, Janet B. W. Williams, and Bernd Löwe. 2006. "A Brief Measure for Assessing Generalized Anxiety Disorder: The GAD-7." *Archives of Internal Medicine* 166 (10): 1092–97.
- Stringaris, Argyris, Robert Goodman, Sumudu Ferdinando, Varun Razdan, Eli Muhrer, Ellen Leibenluft, and Melissa A. Brotman. 2012. "The Affective Reactivity Index: A Concise Irritability Scale for Clinical and Research Settings." *Journal of Child Psychology and Psychiatry, and Allied Disciplines* 53 (11): 1109–17.
- Swanson, James M. 1981. "The SNAP Rating Scale for the Diagnosis of the Attention Deficit Disorder," November. <https://eric.ed.gov/?id=ED217047>.
- Swanson, James M., Sabrina Schuck, Miranda Mann Porter, Caryn Carlson, Catharina A. Hartman, Joseph A. Sergeant, Walter Clevenger, et al. 2012. "Categorical and Dimensional Definitions and Evaluations of Symptoms of ADHD: History of the SNAP and the SWAN Rating Scales." *The International Journal of Educational and Psychological Assessment* 10 (1): 51–70.
- Swanson, J., M. McStephen, D. Hay, F. Levy, and S. Schuck. 2001. "The Potential of the SWAN Rating Scale in Genetic Analysis of ADHD." In *Vancouver (BC), Presentation at the 10th Meeting of the International Society for Research in Child and Adolescent Psychiatry*.
- Williams, Nerys. 2014. "The GAD-7 Questionnaire." *Occupational Medicine* 64 (3): 224–224.
- Wolraich, Mark L., Jane N. Hannah, Anna Baumgaertel, and Irene D. Feurer. 1998. "Examination of DSM-IV Criteria for Attention Deficit/Hyperactivity Disorder in a County-Wide Sample." *Journal of Developmental & Behavioral Pediatrics*. <https://doi.org/10.1097/00004703-199806000-00003>.
- Wolraich, Mark L., Warren Lambert, Melissa A. Doffing, Leonard Bickman, Tonya Simmons, and Kim Worley. 2003. "Psychometric Properties of the Vanderbilt ADHD Diagnostic Parent Rating Scale in a Referred Population." *Journal of Pediatric Psychology* 28 (8): 559–67.
- Young (Editor), Kimberly S., and Cristiano Nabuco de Abreu (Editor). 2010. *Internet Addiction: A Handbook and Guide to Evaluation and Treatment* | Wiley.
- Young, Kimberly S. 1998a. "Internet Addiction: The Emergence of a New Clinical Disorder." *Cyberpsychology & Behavior: The Impact of the Internet, Multimedia and Virtual Reality on Behavior and Society* 1 (3): 237–44.
- . 1998b. *Caught in the Net: How to Recognize the Signs of Internet Addiction—and a Winning Strategy for Recovery* | Wiley.
- Young, R. C., J. T. Biggs, V. E. Ziegler, and D. A. Meyer. 1978. "A Rating Scale for Mania: Reliability, Validity and Sensitivity." *The British Journal of Psychiatry: The Journal of Mental Science* 133 (November): 429–35.
- Youngstrom, Eric A., Carla Kmett Danielson, Robert L. Findling, Barbara L. Gracious, and Joseph R. Calabrese. 2002. "Factor Structure of the Young Mania Rating Scale

for Use with Youths Ages 5 to 17 Years." *Journal of Clinical Child and Adolescent Psychology: The Official Journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53* 31 (4): 567–72.

Yudofsky, S. C., J. M. Silver, W. Jackson, J. Endicott, and D. Williams. 1986. "The Overt Aggression Scale for the Objective Rating of Verbal and Physical Aggression." *The American Journal of Psychiatry* 143 (1): 35–39.