

## BRIEF Early Childhood Screening Assessment

Child's Name:

Date:

**Your relationship to child** (please circle)    Mother                  Father                  Grandparent                  Other

<b>How old is your child?</b>	3	4	5	<b>What is your child's gender?</b>	Female	Male	<b>Is your child Hispanic?</b>	Yes	No
<b>How would you describe your child?</b> <i>Please circle all that apply</i>	American Indian		Asian		Black/African-American		White	Other (Please Describe):	

**Please circle the number that best describes your child compared to other children the same age. For each item, please circle the "+" if you are concerned and would like help with this item.**

0 = Rarely/Not True

1 = Sometimes/Sort of

2 = Almost Always/Very True

1. Loses temper too much	0	1	2	+	
2. Reacts too emotionally to small things	0	1	2	+	
3. Seems sad, cries a lot	0	1	2	+	
4. Is irritable, easily annoyed	0	1	2	+	
5. Runs around in settings when should sit still (school, worship)	0	1	2	+	
6. Is easily startled or scared	0	1	2	+	
7. Breaks things during tantrums	0	1	2	+	
8. Seems nervous or worries a lot	0	1	2	+	
9. Has a hard time paying attention to tasks or activities	0	1	2	+	
10. Is difficult to comfort when hurt or distressed	0	1	2	+	
11. Hurts others on purpose (biting, hitting, kicking)	0	1	2	+	
12. Avoids situations that remind of scary events	0	1	2	+	
13. Fidgets, can't sit quietly	0	1	2	+	
14. Has unusual repetitive behaviors (rocking, flapping)	0	1	2	+	
15. Doesn't seem to listen to adults talking to him/her	0	1	2	+	
16. Has trouble interacting with other children	0	1	2	+	
17. Argues with adults	0	1	2	+	
18. Battles over food and eating	0	1	2	+	
19. Is clingy, doesn't want to separate from parent	0	1	2	+	
20. Doesn't seem to have much fun	0	1	2	+	
21. Is very disobedient	0	1	2	+	
22. Blames other people for mistakes	0	1	2	+	
<b>Are you concerned about your child's behavior? (Please Circle)</b>	Yes		Somewhat		No

**Child total score (items 1-22):**

**As a CAREGIVER, you play an important role in your child's life. How have YOU been feeling?**

23. I feel down, depressed, or hopeless	0	1	2	+
24. I feel little interest or pleasure in doing things	0	1	2	+

**Caregiver total score (items 23-24):**

**Provider Only (circle one):**

If <b>child</b> had + screen, was counseling provided?	Yes	No	Was a referral given?	Yes	No
If <b>caregiver</b> had + screen, was counseling provided?	Yes	No	Was a referral given?	Yes	No