SALT SPRING ISLAND COMMUNITY SERVICES

Child & Youth Mental Health General Screening Questionnaire
Completed by Caregiver

This information will assist us in providing the best possible care for you and your family. Your answers will be kept strictly confidential as part of your child's, teen's or your clinical record. If information through the course of this questionnaire suggests there may be harm to yourself or to others, including abuse or neglect, I am required by law to report my concerns to the appropriate authorities.

Please know that answering these questions is completely voluntary and will not affect the services you may receive from Salt Spring Island Community Services. However, we invite you to be as open as you can be to help us determine how best to support you and your child.

Interview Date: _____ Interviewed by: _____

Child's Name: _____ Child's DOB: _____ Age: _____

Name of Person Interviewed: _____ Relationship to Youth: _____

Who currently lives in the family home? (List name(s) and relationship(s)

_____

_____

Is the child/ youth currently attending school? Yes / No Grade _____

Name of School: _____ Teacher: _____

Name of Family Doctor: _____

1. What is your primary concern? Narrative commentary

_____

_____

_____

_____

2. How long has this been a problem? (Check one)

   Less than 3 months ___ 3 to 6 months ____ 6 to 12 months ____ More than year ____

3. What steps have you taken to deal with the problem at home, school, etc.?

   _____

   _____

4. Have you received help in the past or currently for this problem? (check all that apply)

Doctor ___ SSICS ___ MCFD ___ School Support___ Parenting Group ___ Other ____ (Explain)

_____

5. Did you find previous supports helpful? Yes/No (Explain)

_____

_____

6. Do any of the following apply to you or your family (Check any):

- ☐ Separation/Divorce
- ☐ Custody/Access dispute
- ☐ Major physical illness (parent)
- ☐ Major physical illness (child)
- ☐ Financial stressors
- ☐ Death of loved one
- ☐ Family violence
- ☐ History of abuse (parent)
- ☐ History of abuse (child)
- ☐ Substance use (parent)
- ☐ Substance use (child/teen)
- ☐ Moved homes or school
- ☐ Traumatic event (e.g., fire, accident, etc.)
- ☐

COMMENTS:

_____

_____

Brief Child & Family Phone Interview (BCFPI)

I will read you examples of problems which children sometimes have. Please tell me whether each is NEVER (0) true, SOMETIMES (1) true, or OFTEN (2) true for this child.

Externalizing:
Regulation of attention, Impulsivity and Activity
Do you notice that this child …

1	Never	Some-times	Often
Is distractible or has trouble sticking to an activity?			
Fails to finish things that he/she starts?			
Has difficulty following directions or instructions?			
Is impulsive or acts without stopping to think?			
Jumps from one activity to another?			
Fidgets?			
TOTAL			

COMMENTS:

Internalizing*:*
Separation from Parents
Do you notice that this child …

4	Never	Some-times	Often
Worries that bad things will happen to loved ones?			
Worries about being separated from loved ones?			
Is scared to sleep without parents nearby?			
Is overly upset when leaving loved ones?			
Is overly upset while away from loved ones?			
Complains of feeling sick before separating?			
TOTAL			

COMMENTS:

Cooperativeness

Do you notice that this child …

2	Never	Some-times	Often
Is cranky?			
Is defiant or talks back to adults?			
Blames others for his/her own mistakes?			
Is easily annoyed by others?			
Argues a lot with adults?			
Is angry and resentful?			
TOTAL			

COMMENTS:

Conduct

Does this young person …

3	Never	Some-times	Often
Steal things at home?			
Destroy things belonging to others?			
Engage in vandalism?			
Break into a houses, buildings or cars?			
Physically attack people?			
Use weapons when fighting?			
TOTAL			

COMMENTS:

Managing Anxiety

Do you notice that this child …

5	Never	Some-times	Often
Worries about doing better at things?			
Worries about past behaviour?			
Worries about doing the wrong thing?			
Worries about things in the future?			
Is afraid of making mistakes?			
Is overly anxious to please people?			
TOTAL			

COMMENTS:

Managing Mood

Do you notice that this child …

6	Never	Some-times	Often
Has no interest in their usual activities?			
Gets no pleasure from usual activities?			
Has trouble enjoying them self?			
Is not as happy as other children?			
Feels hopeless?			
Seems unhappy, sad or depressed?			
TOTAL			

COMMENTS:

If there is any concern re: possible depression or self-harm, ask the next 3 questions (never, sometimes, often):

1) Would you say this young person has lost a lot of weight without trying? _____
2) Talks about killing him or herself? _____
3) Has deliberately harmed him or herself or has attempted suicide? _____

The next section asks a few questions about ____'s day to day functioning and how all of this may have affected him or her. Please tell me if it is NONE, A LITTLE or A LOT

Child Functioning	None	A little	A lot
Social Participation How much has___withdrawn or isolated him or herself a result of these problems?			
How much has___been doing things less with other kids as a result of these problems?			
How much has___'s life become less enjoyable as a result of these problems?			
Comments:			
Quality of Relationships How much has___had getting along with teachers as a result of these problems?			
How much trouble has___had getting along with you or your partner as a result of these problems?			
How much has___been irritable or fighting with friends as a result of these problems?			
Comments:			
School Participation & Achievement How much school has___missed as a result of these problems?			
How much has___'s grades gone down as a result of these problems?			
Comments:			

The following section is about family circumstances. Please answer how they apply with: NEVER, SOMETIMES, OFTEN, ALWAYS

Impact on Family	Never	Sometimes	Often	Always
Family activities How frequently has__'s behaviour prevented you from taking him or her out shopping or visiting?				
How frequently has___'s behaviour made you decide not to leave him or her with a babysitter?				
How frequently has ---'s behaviour prevented you from having friends, relatives or neighbors come to the home?				

How frequently has___'s behaviour prevented his or her siblings from having friends, relatives or neighbours come to the home?				
Comments:				
Family Comfort How frequently have you quarreled with your spouse regarding ___'s behaviour?				
How frequently has ___'s behaviour caused you to be anxious/worried about his or her chances for doing well in the future?				
How frequently have neighbours, relatives or friends expressed concerns about ___'s behaviour?				
Comments:				

Other Concerns Checklist: only select items which seem to be a concern.

The following items may help us understand your situation and ___'s overall situation better. Different combinations of these things seem to make life easier or more difficult for families.

Other Types of Concerns	None	A Little	A Lot
Bullying: Repeatedly bullies, teases, harasses or excludes other children from social activities			
Cruelty to animals: Cruel to animals, hurts and/or teases animals repeatedly			
Fire: Inappropriate involvement with fire, matches etc.			
Substance use: Recurrent use of alcohol or drugs leading to impaired functioning (e.g. substance related absences, suspension, or expulsions from school)			
Specific fear: Unusually strong and persistent fear of something specific)e.g. animals, needles, heights)			
Social phobia: Persistent fear & avoidance of social situations with peers or social performance demands due to a fear of embarrassment or scrutiny.			
Obsessions: Recurrent thoughts or impulses that cause distress or impair functioning			
Compulsions: Repetitive behaviours (e.g. hand washing, ordering, checking) that cause distress or impair functioning			
Movement problems: Recurrent movements (tics) or vocalizations that cause stress or impairment			
Comments:			

Other Types of Concerns Continued ….	None	A Little	A Lot
Thought problems: Delusions, hallucinations, paranoia, disorganized speaking or behaviour resulting in significant impairment			
School refusal: Persistent unwillingness or refusal to regularly attend school due to anxiety or a fear of separation			
Selective mutism: Consistent failure to speak in some situations (e.g. school) but speaks comfortable in other situations (e.g. home)			
Victimized/bullied: Is repeatedly bullied teased, harassed, or excluded from social activities by others			
Trauma: Experienced or seen event(s) threatening death or serious injury to self or others. Re-experienced it, tries to avoid similar setting; has increased arousal, sleep difficulties, irritability			
Speech problems: Significant difficulty speaking or understanding speech			
Developmental problems: General development significantly below age			
Learning problems: Academic progress significantly below ability (record examples in comments section)			
Sleep difficulties: Persistent difficulty falling asleep, staying asleep, awakening from anxiety-provoking nightmares or prolonged sleep during the day which causes stress or impairment			
Eating problems: Not maintaining weight, significant loss of weight, fear of being overweight, disturbed thinking about body shape or weight			
Urination problem: Urinates in bed or clothing several times per week			
Bowel movement problems: Bowel movements in inappropriate places (e.g. clothes, floor) several times over a 3 month period			
Sexual problems: Problems with sexual behaviour or identity which cause distress or impairment			
Comments:			

Parent's moods are very important. The following statements describe some of the ways people feel at different times. Please describe often you have felt or behaved this way over the past week.

Mood – Caregiver	Less than 1 day	1-2 days	3-4 days	5+ days
You did not feel like eating; your appetite was poor				

You had trouble keeping your mind on what you were doing				
You felt depressed				
Your sleep was restless				
You felt sad				
You could not “get going”				
Comments:				

The next statements are about families and family relationships. How much do you agree or disagree with the following statements about your family?

Family Functioning	Strongly agree	Agree	Disagree	Strongly disagree
In times of crisis, we can turn to each other for support				
Individuals in the family are accepted for who they are				
We express feelings to each other				
We are able to make decisions about how to solve problems				
We do not get along well together				
We confide in each other				
Comments:				

We also need to know whether abuse or neglect has been a part of ___’s situation.

Abuse	Yes	No	Don’t know
To your knowledge has ___ever been physically abused?			
To your knowledge has ___ever been sexually abused?			
To your knowledge has ___ever been neglected to the extent that seemed to impair their emotional or physical well being?			
To your knowledge has ___ever witnessed verbal or physical violence amongst the adults who have been involved in parenting them?			
Comments:			

Readiness and Barriers

The next questions ask about other services and information you may be interested in.

Readiness	Yes	No	Maybe
Would you be interested in reading about the issues you described?			
If there was a group of parents meeting together to discuss similar issues would you be interested in attending?			
If workshops were available to learn about things you could do as a parent to help your child, would you be interested in attending?			
Is your child interested in getting help with the difficulties they are having?			
Would your child be interested in participating in a group for the difficulties they are having?			
Comments:			

Barriers	None	A little	A lot but can participate	Will prevent participation	N/A
How much of a problem would it be for you to get to the service? Would that stop you from attending?					
Would it be a problem if services were only during the day? Would that stop you from attending?					
How much of a problem would babysitting be if you were to come to the centre? Would that stop you from attending?					
Would it be difficult for you to read and fill in a questionnaire? Would that stop you from attending?					
How concerned are you or your family members about meeting in-person with COVID-19 protocols?					
Would it be a problem for you if services were being delivered online using a secure counselling platform?					
Comments:					

What language is typically spoken at home? _____

Have we missed anything important that we need to know about you, your child or your family?

_____

We currently have a waitlist and we cannot anticipate when your child will be placed with a counsellor. If you have the financial resources or extended health benefits that allow you to receive private practice counselling, you may want to access this in the meantime. You may access a private practitioners directory by going to http://saltspring.fetchbc.ca/index.html
Describe next steps. Thank them for their time.