

CHILDHOOD DEPRESSION INVENTORY (8-13 years)

Instructions:

Children may not always have the same feelings and the same ideas. This questionnaire provides a list grouped by feelings and ideas. In each group, choose one statement that best describes what you did and how you felt over the last two weeks.

There is no right or wrong answer. Just pick the sentence that best describes the way you have been feeling recently. Put a mark like this X in the box next to the sentence that you pick.

1	<input type="checkbox"/> I am sad once in a while. <input type="checkbox"/> I am sad very often. <input type="checkbox"/> I am sad all the time.
2	<input type="checkbox"/> Nothing will ever work out for me. <input type="checkbox"/> I am not sure if things will work out for me. <input type="checkbox"/> Things will work out for me O.K.
3	<input type="checkbox"/> I do most things O.K. <input type="checkbox"/> I do many things wrong. <input type="checkbox"/> I do everything wrong.
4	<input type="checkbox"/> I have fun in many things. <input type="checkbox"/> I have fun in some things. <input type="checkbox"/> Nothing is fun at all.
5	<input type="checkbox"/> I am bad all the time. <input type="checkbox"/> I am bad many times. <input type="checkbox"/> I am bad once in a while.
6	<input type="checkbox"/> I think about bad things happening to me once in a while. <input type="checkbox"/> I worry that bad things will happen to me. <input type="checkbox"/> I am sure that terrible things will happen to me.
7	<input type="checkbox"/> I hate myself. <input type="checkbox"/> I do not like myself. <input type="checkbox"/> I like myself.
8	<input type="checkbox"/> All bad things are my fault. <input type="checkbox"/> Many bad things are my fault. <input type="checkbox"/> Bad things are not usually my fault.

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9	<input type="checkbox"/> I do not think about killing myself. <input type="checkbox"/> I think about killing myself but would not do it. <input type="checkbox"/> I want to kill myself.
10	<input type="checkbox"/> I feel like crying every day. <input type="checkbox"/> I feel like crying many days. <input type="checkbox"/> I feel like crying once in a while.
11	<input type="checkbox"/> Things bother me all the time. <input type="checkbox"/> Things bother me many times. <input type="checkbox"/> Things bother me once in a while.
12	<input type="checkbox"/> I like being with people. <input type="checkbox"/> I do not like being with people many times. <input type="checkbox"/> I do not want to be with people at all.
13	<input type="checkbox"/> I cannot make up my mind about things. <input type="checkbox"/> It is hard to make up my mind about things. <input type="checkbox"/> I make my mind about things easily.
14	<input type="checkbox"/> I look O.K. <input type="checkbox"/> There are some bad things about my looks. <input type="checkbox"/> I look ugly.
15	<input type="checkbox"/> I have to push myself all the time to do my schoolwork. <input type="checkbox"/> I have to push myself many times to do my schoolwork. <input type="checkbox"/> Doing schoolwork is not a big problem.
16	<input type="checkbox"/> I have trouble sleeping every night. <input type="checkbox"/> I have trouble sleeping many nights. <input type="checkbox"/> I sleep pretty well.
17	<input type="checkbox"/> I am tired once in a while. <input type="checkbox"/> I am tired many days. <input type="checkbox"/> I am tired all the time.
18	<input type="checkbox"/> Most days I do not feel like eating. <input type="checkbox"/> Many days I do not feel like eating. <input type="checkbox"/> I eat pretty well.

19	<input type="checkbox"/> I do not worry about aches and pains. <input type="checkbox"/> I worry about aches and pains many times. <input type="checkbox"/> I worry about aches and pains all the time.
20	<input type="checkbox"/> I do not feel alone. <input type="checkbox"/> I feel alone many times. <input type="checkbox"/> I feel alone all the time.
21	<input type="checkbox"/> I never have fun at school. <input type="checkbox"/> I have fun at school only once in a while. <input type="checkbox"/> I have fun at school many times.
22	<input type="checkbox"/> I have plenty of friends. <input type="checkbox"/> I have some friends but I wish I had more. <input type="checkbox"/> I do not have any friends.
23	<input type="checkbox"/> My school work is alright. <input type="checkbox"/> My school work is not as good as before. <input type="checkbox"/> I do very poorly in subjects I used to be good in.
24	<input type="checkbox"/> I can never be as good as other kids. <input type="checkbox"/> I can be as good as other kids if I want to. <input type="checkbox"/> I am just as good as other kids.
25	<input type="checkbox"/> Nobody really loves me. <input type="checkbox"/> I am not sure if anybody loves me. <input type="checkbox"/> I am sure that somebody loves me.
26	<input type="checkbox"/> I usually do what I am told. <input type="checkbox"/> I do not do what I am told most times. <input type="checkbox"/> I never do what I am told.
27	<input type="checkbox"/> I get along with people. <input type="checkbox"/> I get into fights many times. <input type="checkbox"/> I get into fights all the time.

ANXIETY INVENTORY (8 to 13 years)

Instructions:

Reach each question carefully. Put an X under the word YES if you think that it's true for you. Put an X under the word NO if you think that it's true for you. If there are words you don't understand, do not hesitate to ask for explanations.

	Item	Yes	No
1	I have trouble making up my mind.		
2	I get nervous when things do not go the right way for me.		
3	Others seem to do things easier than I can.		
4	I like everyone I know.		
5	Often I have trouble getting my breath.		
6	I worry a lot of the time.		
7	I am afraid of a lot of things.		
8	I am always kind.		
9	I get mad easily.		
10	I worry about what my parents will say to me.		
11	I feel that others do not like the way I do things.		
12	I always have good manners.		
13	It is hard for me to get sleep at night.		
14	I worry about what other people think about me.		
15	I feel alone even when there are people with me.		
16	I am always good.		
17	I often feel sick in my stomach.		
18	My feelings get hurt easily.		
19	My hands feel sweaty.		
20	I am always nice to everyone.		
21	I am tired a lot.		
22	I worry about what is going to happen.		
23	Other people are happier than I.		
24	I tell the truth every single time.		
25	I have bad dreams.		
26	My feelings get hurt easily when I am fussed at.		
27	I feel someone will tell me I do things the wrong way.		
28	I never get angry.		
29	I wake up scared some of the time.		
30	I worry when I go to bed at night.		
31	It is hard for me to keep my mind on my schoolwork.		
32	I never say things I shouldn't.		
33	I wiggle in my seat a lot.		
34	I am nervous.		
35	A lot of people are against me.		
36	I never lie.		
37	I often worry about something bad happening to me.		

STATE-TRAIT ANXIETY INVENTORY FOR CHILDREN (8 to13 years)**Situational anxiety**

Instructions:

Below you will find a list of statements that boys and girls use to describe themselves. Read each statement carefully and decide how you feel **now**. Place an X in the square in front of the word or statement that best describes how you feel.

1. I feel...	<input type="checkbox"/> very calm. <input type="checkbox"/> calm. <input type="checkbox"/> I am not calm at all.
2. I feel...	<input type="checkbox"/> very upset. <input type="checkbox"/> upset. <input type="checkbox"/> I am not upset.
3. I feel...	<input type="checkbox"/> very nice. <input type="checkbox"/> nice. <input type="checkbox"/> I am not nice.
4. I feel...	<input type="checkbox"/> very nervous. <input type="checkbox"/> nervous. <input type="checkbox"/> I am not nervous.
5. I feel...	<input type="checkbox"/> very restless. <input type="checkbox"/> restless. <input type="checkbox"/> I am not restless.
6. I feel...	<input type="checkbox"/> very rested. <input type="checkbox"/> rested. <input type="checkbox"/> I am not rested.
7. I feel...	<input type="checkbox"/> very afraid. <input type="checkbox"/> a little afraid. <input type="checkbox"/> I am not afraid .
8. I feel...	<input type="checkbox"/> very relaxed. <input type="checkbox"/> relaxed. <input type="checkbox"/> I am not relaxed.
9. I feel...	<input type="checkbox"/> very worried. <input type="checkbox"/> worried. <input type="checkbox"/> I am not worried.
10. I feel...	<input type="checkbox"/> very content. <input type="checkbox"/> content.

	<input type="checkbox"/> I am not content.
11. I feel...	<input type="checkbox"/> very frightened. <input type="checkbox"/> frightened. <input type="checkbox"/> I am not frightened.
12. I feel...	<input type="checkbox"/> very happy. <input type="checkbox"/> happy. <input type="checkbox"/> I am not happy.
13. I feel...	<input type="checkbox"/> very sure. <input type="checkbox"/> sure. <input type="checkbox"/> I am not sure.
14. I feel...	<input type="checkbox"/> very well. <input type="checkbox"/> well. <input type="checkbox"/> I am not well.
15. I feel...	<input type="checkbox"/> very troubled. <input type="checkbox"/> troubled. <input type="checkbox"/> I am not troubled.
16. I feel...	<input type="checkbox"/> very bothered. <input type="checkbox"/> bothered. <input type="checkbox"/> I am not bothered.
17. I feel...	<input type="checkbox"/> very kind. <input type="checkbox"/> kind. <input type="checkbox"/> I am not kind.
18. I feel...	<input type="checkbox"/> very terrified. <input type="checkbox"/> terrified. <input type="checkbox"/> I am not terrified.
19. I feel...	<input type="checkbox"/> very confused. <input type="checkbox"/> confused. <input type="checkbox"/> I am not confused.
20. I feel...	<input type="checkbox"/> very cheerful. <input type="checkbox"/> cheerful. <input type="checkbox"/> I am not cheerful.

Trait anxiety

Instructions:

Below you will find a list of statements that boys and girls use to describe themselves. Read each statement carefully and decide how you feel **in general**. Place an **X** in line with the answer that best describes how you feel.

Questions	Hardly ever	Sometimes	Often
1. I worry about making mistakes.			
2. I feel like crying.			
3. I feel unhappy.			
4. I have trouble making up my mind.			
5. It is difficult for me to face my problems.			
6. I worry too much.			
7. I get upset at home.			
8. I am shy.			
9. I feel troubled.			
10. Unimportant thoughts run through my head and bother me.			
11. I worry about school.			
12. I have trouble deciding what to do.			
13. I notice that my heart beats fast.			
14. I am secretly afraid.			
15. I worry about my parents.			
16. My hands get sweaty.			
17. I worry about things that may happen.			
18. It is hard for me to sleep at night.			
19. I get a funny feeling in my stomach.			
20. I worry about what others think of me.			

DIMENSIONS OF TEMPERAMENT SURVEY

Instructions:

This questionnaire is made up of a series of statements that describe different ways of behaving. Some will be true for you and others will be false. For each statement, please indicate what is true, somewhat true, somewhat false or false.

Questions	True	Somewhat true	Somewhat false	False
1. I need lots of time to get used to something new at home.				
2. I can't stay still very long.				
3. Lots of things make me laugh or smile.				
4. I wake up at different times.				
5. Once I am immersed in an activity, nothing can distract me.				
6. I keep doing the same activity until it is completed.				
7. I move a lot.				
8. I can feel at ease anywhere.				
9. Whatever I'm doing, I'm easily distracted.				
10. I can spend a lot of time doing one thing.				
11. If I have to stay sitting for long in one place, I get restless.				
12. Usually, if someone shows me something new, I get closer to look at it.				
13. I need a lot of time to get used to a new schedule at home or at school.				
14. There aren't many things that make me laugh or smile.				
15. I don't stop what I am already doing, even if something else happens.				
16. I eat roughly the same amount at lunchtime whether I am home, with friends or on a trip.				
17. My first reaction is to reject anything that is new or unknown.				
18. I am bothered by changes in plans.				
19. I often spend long periods without moving.				
20. Things happening around me never make me interrupt what I am doing.				
21. Every day I take a nap or a break at the same time.				
22. Once I start something, I don't give up.				
23. Even when I have to stay quiet, I can't sit still for longer than a few minutes.				
24. It is difficult to divert my attention from what I'm doing.				
25. I usually sleep about the same number of hours every night.				
26. When I meet someone I do not know, I usually talk to him or her.				
27. I'm hungry at about the same time every day.				

	True	Somewhat true	Somewhat false	False
28. I often smile.				
29. I feel like I never stop moving.				
30. I get used to new people very quickly.				
31. I usually eat the same amount every day.				
32. I move a lot in my sleep.				
33. I feel sleepy at about the same time every night.				
34. I do not think I laugh often.				
35. I welcome new situations.				
36. Even if I do not sleep in my house, I always wake up at the same time.				
37. I eat roughly the same amount for breakfast every day.				
38. I move a lot in bed.				
39. I always full of energy at the same times of day.				
40. I go to the toilet at about the same time every day.				
41. Whatever the time I go to bed, I always get up at the same time the next morning.				
42. In the morning I find myself in the same position I was in the night before when I fell asleep.				
43. I eat roughly the same amount every night.				
44. When we change things around, I need lots of time to get used to it.				
45. On days when there is no school, I wake up at the same time as the other days of the week.				
46. I don't move much when I sleep.				
47. I think my appetite is pretty much the same every day.				
48. In general I am in good humour.				
49. I resist any changes in my habits.				
50. I laugh several times a day.				
51. My first reaction in relation to something new is to be interested in it.				
52. Normally I am happy.				
53. The number of times I go to the bathroom can change from one day to another.				
54. I feel like I can't stay still for very long.				

EMOTIONNALITY, ACTIVITY, SOCIABILITY SURVEY (EAS) (6 to 12 years)

Instructions:

Give each statement a mark from 1 to 5.

1 = doesn't describe me at all

2 = doesn't describe me well

3 = describes me a bit

4 = describes me well

5 = describes me very well

Item	Doesn't describe me at all	Doesn't describe me well	Describes me a bit	Describes me well	Describes me very well
1. I tend to be shy.					
2. I cry easily.					
3. I like to be with people.					
4. I'm always on the go.					
5. I prefer playing with others rather than alone					
6. I tend to be somewhat emotional.					
7. When I move about, I move slowly.					
8. I make friends easily.					
9. I'm off and running as soon as I wake up in the morning.					
10. I find people more stimulating than anything else.					
11. I often fuss and cry.					
12. I am very sociable.					
13. I am very energetic.					
14. I take a long time to warm up to strangers.					
15. I get upset easily.					
16. I am somewhat of a loner.					
17. I prefer quiet, inactive games to more active ones.					
18. When I am alone, I feel isolated.					
19. I react intensely when upset.					
20. I am very friendly with strangers.					

INVENTORY OF SENSATION SEEKING

(14 to 19 years)

Instructions:

For each item, tick the answer that best describes you:

A: describes me very well

B: describes me well

C: doesn't describe me well

D: doesn't describe me at all

Item	A	B	C	D
1. I can see how it would be interesting to marry someone from a foreign country.				
2. When the water is very cold, I prefer not to swim even if it is a hot day.				
3. If I have to wait a long time, I'm usually patient about it.				
4. When I listen to music, I like it to be loud.				
5. When taking a trip, I think it is best to make as few plans as possible and just take it as it comes.				
6. I stay away from movies that are said to be frightening or highly suspenseful.				
7. I think it's fun and exciting to perform or speak before a group.				
8. If I were to go to an amusement park, I would prefer to ride the rollercoaster or other fast rides.				
9. I would like to travel to places that are strange and far away.				
10. I would never like to gamble with money, even if I could afford it.				
11. I would have enjoyed being one of the first explorers of an unknown land.				
12. I like a movie where there are a lot of explosions and car chases.				
13. I don't like extremely hot and spicy food.				
14. In general, I work better when I'm under pressure.				
15. I often like to have the T.V. on while I'm doing something else, such as reading or cleaning up.				
16. It would be interesting to see a car accident happen.				
17. I think it's best to order something familiar when eating in a restaurant.				
18. I like the feeling of standing next to the edge on a high place and looking down.				
19. If it were possible to visit another planet or the moon for free, I would be among the first to sign up.				
20. I can see how it must be exciting to be in a battle during a war.				

CONNERS PARENTS RATING SCALE

Instructions:

Below you will find items describing children's behaviour or the problems they sometimes have. Read each item carefully and decide how much your child has been bothered by this problem in recent months: not at all, just a little, pretty much, very much.

	Not at all	Just a little	Pretty much	Very much
1. Picks at things (nails, fingers, hair, and clothing).				
2. Cheeky to grown-ups.				
3. Problems with making or keeping friends.				
4. Excitable, impulsive.				
5. Wants to run things.				
6. Sucks or chews (thumb, clothing, blankets).				
7. Cries easily or often.				
8. Carries a chip on his/her shoulder.				
9. Daydreams.				
10. Difficulty in learning.				
11. Restless in the "squirmy" sense.				
12. Fearful (of new situations, new people/places, school).				
13. Restless, always up and on the go.				
14. Destructive.				
15. Tells lies or stories that aren't true.				
16. Shy.				
17. Gets into more trouble than others same age.				
18. Speaks differently from others same age (baby talk, stuttering, hard to understand).				
19. Denies mistakes or blames others.				
20. Quarrelsome.				
21. Pouts and sulks.				
22. Steals.				
23. Disobedient or obeys but resentfully.				
24. Worries more than others (about being alone, illness or death).				
25. Fails to finish things.				
26. Feelings easily hurt.				
27. Bullies others.				
28. Unable to stop a repetitive activity.				
29. Cruel.				
30. Childish or immature (wants help s/he shouldn't need clings, needs constant reassurance).				

	Not at all	Just a little	Pretty much	Very much
31. Distractibility or attention span a problem.				
32. Headaches.				
33. Mood changes quickly and drastically.				
34. Doesn't like or doesn't follow rules or restrictions.				
35. Fights constantly.				
36. Doesn't get along well with brothers or sisters.				
37. Easily frustrated in efforts.				
38. Disturbs other children.				
39. Basically and unhappy child.				
40. Problems with eating (poor appetite, up between bites).				
41. Stomach aches.				
42. Problems with sleep (can't fall asleep, up too early, up in the night).				
43. Other aches and pains.				
44. Vomiting or nausea.				
45. Feels cheated in family circle.				
46. Boasts and brags.				
47. Lets him/herself be pushed around.				
48. Bowel problems (frequently loose, irregular habits, constipation).				

VESTIBULAR PROBLEMS

Gravitational Insecurity

Does the child:

	Yes	No
1. Become anxious when off the ground or struggle to keep his feet down?		
2. Have an exaggerated fear of falling or heights?		
3. Seem overly fearful of going on escalators or elevators?		
4. React to motion or change of head position with signs of distress?		
5. Dislike having his head upside down or tilted back, such as in somersaults, when rolling on the floor, or while roughhousing?		
6. Not have as much fun as other children on playground equipment or with moving toys, or avoid these activities altogether?		
7. Seem particularly slow at new movements or movements on uneven surfaces, such as getting into a different car, walking up or down a hill, or walking over bumpy ground?		
8. Take a long time to go up or down stair and/or use the railing more than other children?		
9. Avoid climbing, even simple climbing when he can hang on with both hands?		
10. Seem afraid of walking on a raised surface as though it seems high to him, even when it is not the case?		
11. Seem especially afraid of losing his balance?		
12. Become frightened going around corners rapidly in a car or when there are curves in the road?		
13. Appear to be judging space or distances inaccurately?		
14. Seem alarmed if suddenly pushed backward while seated?		
15. Avoid games that involve unpredictable movements of other children, especially ones that impact his balance, such as tag, soccer, and dodgeball?		
16. Appear to feel insecure in wide open spaces?		

TOTAL: /16

Vestibular-bilateral integration problems

Does the child:

	Yes	No
1. Generally appear to be developing in a typical way but have trouble learning to read or do mathematics?		
2. Seek and/or tolerate movement activities such as swinging, running, and jumping and not seem to get dizzy as readily as other? (This sign is especially significant if it is accompanied by a shortened duration of postrotary nystagmus reflex when the child is evaluated.)		
3. Seem to have trouble keeping his eyes on something that is moving or keeping his place on a page when copying from the board or another worksheet?		
4. Not perform especially well at some aspects of sports?		
5. Fall more frequently than others his age and sometimes make ineffective or no attempt to catch himself?		
6. Feel heavy, like a sack of potatoes, when you try to help him to get into position or help him to keep his balance?		
7. Seem to have trouble sitting upright, or tend to slouch when at a table or desk?		
8. Have difficulty in tasks that require using both hands or both sides of his body, such as cutting with scissors (holding the paper in one hand while cutting with the other), doing jumping jacks, tying shoes, riding a bicycle, and so on?		
9. Have poorly defined "handedness" (i.e. switches hands for writing or other skilled tasks) after 6 years of age?		
10. Get right and left or up and down confused?		
11. Reverse letters such as <i>b</i> and <i>d</i> , or write letters or numbers in a direction that is different from what you would expect?		
12. Avoid crossing the midline of his body, for example, by turning his whole body rather than reaching across the centre of his body?		
13. Have trouble with smoothness of movement and/or rhythm?		
14. Seem disorganised or "lost in space"?		

TOTAL: /14

AUDITORY PROCESSING DISORDERS

Does the child:

	Yes	No
1. Respond inconsistently when spoken to?		
2. Seem to misunderstand what is said to him?		
3. Misunderstand similar sounding words (e.g. “get the box” instead of “get the socks”)?		
4. Have trouble correctly repeating back what is said either with words or sentences?		
5. Seem difficult to understand when speaking, either mispronouncing words or having particular difficulty with multisyllabic words (e.g. saying “kopiter” for “helicopter”)?		
6. Understand part of a description, a directive, or a story when read aloud, but few of the details?		
7. Hear well when it is quiet but become confused or upset in noisy places?		
8. Have difficulty knowing the direction of sounds?		
9. Have difficulty looking and listening at the same time?		
10. Tune out or seem disinterested during group activities, discussions, or lessons or avoid group social events?		
11. Answer questions strangely because he or she has mistaken the question?		
12. Hold his or her head at an angle when trying to hear?		
13. Speak in a monotone or exceptionally loud voice?		
14. Seem highly sensitive to noise and sometimes hear things that other people don't hear?		
15. Seem overwhelmed or distracted by laughter, cheer, or crowds of people speaking at the same time, such as in a restaurant?		

TOTAL: /15