

Nine Item Avoidant/Restrictive Food Intake disorder screen (NIAS) - Child

		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	I am a picky eater	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	I dislike most of the foods that other people eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	The list of foods that I like and will eat is shorter than the list of foods I won't eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	I am not very interested in eating; I seem to have a smaller appetite than other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	I have to push myself to eat regular meals throughout the day, or to eat a large enough amount of food at meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Even when I am eating a food I really like, it is hard for me to eat a large enough volume at meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	I avoid or put off eating because I am afraid of GI discomfort, choking, or vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	I restrict myself to certain foods because I am afraid that other foods will cause GI discomfort, choking, or vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	I eat small portions because I am afraid of GI discomfort, choking, or vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Zickgraf, Hana F., and Jordan M. Ellis. "Initial validation of the Nine Item Avoidant/Restrictive Food Intake disorder screen (NIAS): A measure of three restrictive eating patterns." *Appetite* 123 (2018): 32-42.

Screen for Child Anxiety Related Disorders (SCARED)

CHILD Version—Page 1 of 2 (to be filled out by the CHILD)

Developed by Boris Birmaher, M.D., Suneeta Khetarpal, M.D., Marlane Cully, M.Ed., David Brent, M.D., and Sandra McKenzie, Ph.D., Western Psychiatric Institute and Clinic, University of Pittsburgh (October, 1995). E-mail: birmaherb@upmc.edu

See: Birmaher, B., Brent, D. A., Chiappetta, L., Bridge, J., Monga, S., & Baugher, M. (1999). Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED): a replication study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(10), 1230–6.

Directions:

Below is a list of sentences that describe how people feel. Read each phrase and decide if it is “Not True or Hardly Ever True” or “Somewhat True or Sometimes True” or “Very True or Often True” for you. Then, for each sentence, fill in one circle that corresponds to the response that seems to describe you *for the last 3 months*.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
1. When I feel frightened, it is hard to breathe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
2. I get headaches when I am at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
3. I don't like to be with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
4. I get scared if I sleep away from home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
5. I worry about other people liking me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
6. When I get frightened, I feel like passing out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
7. I am nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
8. I follow my mother or father wherever they go.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
9. People tell me that I look nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
10. I feel nervous with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
11. I get stomachaches at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
12. When I get frightened, I feel like I am going crazy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
13. I worry about sleeping alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
14. I worry about being as good as other kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
15. When I get frightened, I feel like things are not real.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
16. I have nightmares about something bad happening to my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
17. I worry about going to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
18. When I get frightened, my heart beats fast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
19. I get shaky.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
20. I have nightmares about something bad happening to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP

Screen for Child Anxiety Related Disorders (SCARED)
CHILD Version—Page 2 of 2 (to be filled out by the CHILD)

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
21. I worry about things working out for me.	○	○	○	GD
22. When I get frightened, I sweat a lot.	○	○	○	PN
23. I am a worrier.	○	○	○	GD
24. I get really frightened for no reason at all.	○	○	○	PN
25. I am afraid to be alone in the house.	○	○	○	SP
26. It is hard for me to talk with people I don't know well.	○	○	○	SC
27. When I get frightened, I feel like I am choking.	○	○	○	PN
28. People tell me that I worry too much.	○	○	○	GD
29. I don't like to be away from my family.	○	○	○	SP
30. I am afraid of having anxiety (or panic) attacks.	○	○	○	PN
31. I worry that something bad might happen to my parents.	○	○	○	SP
32. I feel shy with people I don't know well.	○	○	○	SC
33. I worry about what is going to happen in the future.	○	○	○	GD
34. When I get frightened, I feel like throwing up.	○	○	○	PN
35. I worry about how well I do things.	○	○	○	GD
36. I am scared to go to school.	○	○	○	SH
37. I worry about things that have already happened.	○	○	○	GD
38. When I get frightened, I feel dizzy.	○	○	○	PN
39. I feel nervous when I am with other children or adults and I have to do something while they watch me (for example: read aloud, speak, play a game, play a sport).	○	○	○	SC
40. I feel nervous when I am going to parties, dances, or any place where there will be people that I don't know well.	○	○	○	SC
41. I am shy.	○	○	○	SC

SCORING:

A total score of ≥ 25 may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific. **TOTAL =**

A score of **7** for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate **Panic Disorder** or **Significant Somatic Symptoms**. **PN =**

A score of **9** for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**. **GD =**

A score of **5** for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety SOC**. **SP =**

A score of **8** for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**. **SC =**

A score of **3** for items 2, 11, 17, 36 may indicate **Significant School Avoidance**. **SH =**

For children ages 8 to 11, it is recommended that the clinician explain all questions, or have the child answer the questionnaire sitting with an adult in case they have any questions.

The SCARED is available at no cost at www.wpic.pitt.edu/research under tools and assessments, or at [www.pediatric bipolar.pitt.edu](http://www.pediatric.bipolar.pitt.edu) under instruments.

Obsessive Compulsive Inventory – Child Version (OCI-CV)

Example:

I think a lot about dogs. never sometimes always

- 1) I think about bad things and can't stop.
 never sometimes always
- 2) I feel like I must wash and clean over and over again.
 never sometimes always
- 3) I collect so much stuff that it gets in the way.
 never sometimes always
- 4) I check many things over and over again.
 never sometimes always
- 5) After I have done things, I'm not sure if I really did them.
 never sometimes always
- 6) I need to count while I do things.
 never sometimes always
- 7) I collect things I don't really need.
 never sometimes always
- 8) I get upset if my stuff is not in the right order.
 never sometimes always
- 9) I get behind in my school-work because I repeat things over and over again.
 never sometimes always
- 10) I worry a lot about things being clean.
 never sometimes always

- 11) I'm upset by bad thoughts.
 never sometimes always
- 12) I have to say some numbers over and over.
 never sometimes always
- 13) Even after I'm done, I still worry that I didn't finish things.
 never sometimes always
- 14) I get upset by bad thoughts that pop into my head when I don't want them to.
 never sometimes always
- 15) I check doors, windows, or drawers over and over again.
 never sometimes always
- 16) I don't throw things away because I'm afraid.
 never sometimes always
- 17) I get upset if people change the way I arrange things.
 never sometimes always
- 18) If a bad thought comes into my head, I need to say certain things over and over.
 never sometimes always
- 19) I need things to be a certain way.
 never sometimes always
- 20) Even when I do something very carefully, I don't think I did it right.
 never sometimes always
- 21) I wash my hands more than other kids.
 never sometimes always

CHILDREN'S AFFECTIVE LABILITY SCALE (CAL5) Child Form for children 8 years and older

DIRECTIONS: Fill in the circle on the scale below each question that best describes your mood.

1. I suddenly start to cry for little or no apparent reason.

- Never or rarely occurs 1-3 times during the month 1-3 times a week 4-6 times a week 1 or more times a day
-

2. It is hard to tell what will set me off into a temper or a fit.

- Never or rarely occurs 1-3 times during the month 1-3 times a week 4-6 times a week 1 or more times a day
-

3. I suddenly become tense or anxious.

- Never or rarely occurs 1-3 times during the month 1-3 times a week 4-6 times a week 1 or more times a day
-

4. I have bursts of being overly affectionate for little reason, hugging or kissing more than people than I would expect.

- Never or rarely occurs 1-3 times during the month 1-3 times a week 4-6 times a week 1 or more times a day
-

5. I suddenly lose interest in what I am doing.

- Never or rarely occurs 1-3 times during the month 1-3 times a week 4-6 times a week 1 or more times a day
-

6. It is hard to tell what mood I will be in (how I will feel; happy, sad, excited, mad).

- Never or rarely occurs 1-3 times during the month 1-3 times a week 4-6 times a week 1 or more times a day
-

7. I suddenly lose my temper (yell, curse, or throw something) when others would not expect it.

- Never or rarely occurs 1-3 times during the month 1-3 times a week 4-6 times a week 1 or more times a day
-

8. I have bursts or increased talking.

- Never or rarely occurs 1-3 times during the month 1-3 times a week 4-6 times a week 1 or more times a day
-

9. I have short periods when I feel shaky or my heart is pounding, or I have difficulty breathing (not due to asthma or another medical problem).

- Never or rarely occurs 1-3 times during the month 1-3 times a week 4-6 times a week 1 or more times a day

ID:

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10. It is hard to tell what will set me off crying.

- | | | | | |
|------------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Never or rarely occurs | 1-3 times during the month | 1-3 times a week | 4-6 times a week | 1 or more times a day |

11. I have bursts of silliness for little or no apparent reason.

- | | | | | |
|------------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Never or rarely occurs | 1-3 times during the month | 1-3 times a week | 4-6 times a week | 1 or more times a day |

12. I do an activity and then suddenly stop because I am tired.

- | | | | | |
|------------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Never or rarely occurs | 1-3 times during the month | 1-3 times a week | 4-6 times a week | 1 or more times a day |

13. You never know when I am going to blow up.

- | | | | | |
|------------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Never or rarely occurs | 1-3 times during the month | 1-3 times a week | 4-6 times a week | 1 or more times a day |

14. I have periods of time when I talk about the same thing over and over.

- | | | | | |
|------------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Never or rarely occurs | 1-3 times during the month | 1-3 times a week | 4-6 times a week | 1 or more times a day |

15. I suddenly start to laugh about something that most people do not think is funny.

- | | | | | |
|------------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Never or rarely occurs | 1-3 times during the month | 1-3 times a week | 4-6 times a week | 1 or more times a day |

16. I suddenly appear sad, depressed, and down in the dumps for no apparent reason.

- | | | | | |
|------------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Never or rarely occurs | 1-3 times during the month | 1-3 times a week | 4-6 times a week | 1 or more times a day |

17. I have bursts of being nervous or fidgety.

- | | | | | |
|------------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Never or rarely occurs | 1-3 times during the month | 1-3 times a week | 4-6 times a week | 1 or more times a day |

18. I have bursts of crabbiness or irritability.

- | | | | | |
|------------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Never or rarely occurs | 1-3 times during the month | 1-3 times a week | 4-6 times a week | 1 or more times a day |

19. I suddenly act overly familiar with people I barely know.

- | | | | | |
|------------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Never or rarely occurs | 1-3 times during the month | 1-3 times a week | 4-6 times a week | 1 or more times a day |

20. I appear very angry (yell, curse) in response to a simple request.

- | | | | | |
|------------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Never or rarely occurs | 1-3 times during the month | 1-3 times a week | 4-6 times a week | 1 or more times a day |

Year:

ID:

DATE:

/

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