

BASC

Behavior Assessment System for Children

Parent Rating Scales

Cecil R. Reynolds and Randy W. Kamphaus

Instructions

On the pages that follow are phrases that describe how children may act. Please read each phrase and mark the response that describes how this child has acted over the last six months. If the child's behavior has changed a great deal during this period, describe the child's recent behavior.

Circle N if the behavior never occurs.

Circle S if the behavior sometimes occurs.

Circle O if the behavior often occurs.

Circle A if the behavior almost always occurs.

Please mark every item. If you don't know or are unsure, give your best estimate.

Before starting, please provide the information requested in the box at the top of the next page.

How to Mark Your Responses

Use a sharp pencil or ballpoint pen; do not use a felt-tip pen or marker. Press firmly and be certain to circle completely the letter you choose, like this:

N (S) O A

If you wish to change a response, mark an X through it and circle your new choice, like this:

N ~~X~~ (O) A

AGS®

© 1992 American Guidance Service, Inc.

All rights reserved. No part of this form may be photocopied or otherwise reproduced.

B 0 9 8 7 6 5 4 3 2

Child's name _____
 Date _____ Birth date _____ Age _____
 School _____ Grade _____
 Sex: ☐ Female ☐ Male Other data _____

Your name _____
 Sex: ☐ Female ☐ Male
 Relationship to child:
☐ Mother ☐ Father ☐ Guardian ☐ Other _____

- | | | | | |
|---|---|---|---|---|
| 1. Adjusts well to new teachers. | N | S | O | A |
| 2. Threatens to hurt others. | N | S | O | A |
| 3. Worries. | N | S | O | A |
| 4. Listens to directions. | N | S | O | A |
| 5. Rocks back and forth for long periods of time. | N | S | O | A |
| 6. Runs away from home. | N | S | O | A |
| 7. Says, "I don't have any friends." | N | S | O | A |
| 8. Cannot wait to take turn. | N | S | O | A |
| 9. Attends after-school activities. | N | S | O | A |
| 10. Says, "please" and "thank you." | N | S | O | A |
| 11. Complains of shortness of breath. | N | S | O | A |
| 12. Readily starts up conversations with new people. | N | S | O | A |
| 13. Plays with fire. | N | S | O | A |
| 14. "Shows off." | N | S | O | A |
| 15. Is too serious. | N | S | O | A |
| 16. Wets bed. | N | S | O | A |
| 17. Tries to hurt self. | N | S | O | A |
| 18. Has friends who are in trouble. | N | S | O | A |
| 19. Says, "I want to kill myself." | N | S | O | A |
| 20. Leaves seat during meals. | N | S | O | A |
| 21. Joins clubs or social groups. | N | S | O | A |
| 22. Encourages others to do their best. | N | S | O | A |
| 23. Complains of dizziness. | N | S | O | A |
| 24. Will change direction to avoid having to greet someone. | N | S | O | A |
| 25. Dares other children to do things. | N | S | O | A |
| 26. Stutters. | N | S | O | A |
| 27. Says, "I'm afraid I'll hurt someone." | N | S | O | A |
| 28. Is in trouble with the police. | N | S | O | A |
| 29. Cries easily. | N | S | O | A |
| 30. Throws tantrums. | N | S | O | A |
| 31. Uses medication. | N | S | O | A |
| 32. Congratulates others when good things happen to them. | N | S | O | A |
| 33. Complains of being cold. | N | S | O | A |
| 34. Hits other children. | N | S | O | A |
| 35. Has eye problems. | N | S | O | A |

- | | | | | |
|--|---|---|---|---|
| 36. Is easily soothed when angry. | N | S | O | A |
| 37. Teases others. | N | S | O | A |
| 38. Worries about what parents think. | N | S | O | A |
| 39. Forgets things. | N | S | O | A |
| 40. Repeats one activity over and over. | N | S | O | A |
| 41. Uses foul language. | N | S | O | A |
| 42. Says, "Nobody understands me." | N | S | O | A |
| 43. Needs too much supervision. | N | S | O | A |
| 44. Is a "self-starter." | N | S | O | A |
| 45. Has a sense of humor. | N | S | O | A |
| 46. Complains of pain. | N | S | O | A |
| 47. Avoids competing with other children. | N | S | O | A |
| 48. Gets upset when plans are changed. | N | S | O | A |
| 49. Argues with parents. | N | S | O | A |
| 50. Says, "I get nervous during tests" or "Tests make me nervous." | N | S | O | A |
| 51. Is easily distracted. | N | S | O | A |
| 52. Picks at things like own hair, nails, or clothing. | N | S | O | A |
| 53. Shows a lack of concern for others' feelings. | N | S | O | A |
| 54. Is easily frustrated. | N | S | O | A |
| 55. Is restless during movies. | N | S | O | A |
| 56. Has lots of ideas. | N | S | O | A |
| 57. Volunteers to help with things. | N | S | O | A |
| 58. Vomits. | N | S | O | A |
| 59. Is shy with other children. | N | S | O | A |
| 60. Is a "sore loser." | N | S | O | A |
| 61. Tries too hard to please others. | N | S | O | A |
| 62. Daydreams. | N | S | O | A |
| 63. Has to stay after school for punishment. | N | S | O | A |
| 64. Is easily upset. | N | S | O | A |
| 65. Fiddles with things while at meals. | N | S | O | A |
| 66. Is good at getting people to work together. | N | S | O | A |
| 67. Uses appropriate table manners. | N | S | O | A |
| 68. Has ear infections. | N | S | O | A |
| 69. Has toileting accidents. | N | S | O | A |
| 70. Makes frequent visits to the doctor. | N | S | O | A |

Remember:

Indicate how frequently each behavior occurs by circling

N — Never S — Sometimes O — Often A — Almost always

BASC
Behavior Assessment System
Parent Rating Scales

PRS-C
(Ages 6-11)

71. Adjusts well to changes in routine.	N	S	O	A	105. Is a "good sport."	N	S	O	A
72. Is critical of others.	N	S	O	A	106. Calls other children names.	N	S	O	A
73. Is afraid of dying.	N	S	O	A	107. Says, "I'm afraid I will make a mistake."	N	S	O	A
74. Gives up easily when learning something new.	N	S	O	A	108. Completes work on time.	N	S	O	A
75. Seems out of touch with reality.	N	S	O	A	109. Plays in toilet.	N	S	O	A
76. Lies to get out of trouble.	N	S	O	A	110. Has been suspended from school.	N	S	O	A
77. Complains about not having friends.	N	S	O	A	111. Says, "Nobody likes me."	N	S	O	A
78. Interrupts others when they are speaking.	N	S	O	A	112. Makes loud noises when playing.	N	S	O	A
79. Is creative.	N	S	O	A	113. Will speak up if the situation calls for it.	N	S	O	A
80. Makes suggestions without offending others.	N	S	O	A	114. Responds when spoken to.	N	S	O	A
81. Has headaches.	N	S	O	A	115. Has difficulty breathing.	N	S	O	A
82. Refuses to join group activities.	N	S	O	A	116. Avoids other children.	N	S	O	A
83. Shares toys or possessions with other children.	N	S	O	A	117. Adjusts well to changes in family plans.	N	S	O	A
84. Complains about rules.	N	S	O	A	118. Argues when denied own way.	N	S	O	A
85. Worries about things that cannot be changed.	N	S	O	A	119. Says, "I'm not very good at this."	N	S	O	A
86. Completes homework from start to finish without taking a break.	N	S	O	A	120. Listens attentively.	N	S	O	A
87. Eats things that are not food.	N	S	O	A	121. Hears sounds that are not there.	N	S	O	A
88. Gets into trouble in the neighborhood.	N	S	O	A	122. Lies.	N	S	O	A
89. Changes mood quickly.	N	S	O	A	123. Is sad.	N	S	O	A
90. Is overly active.	N	S	O	A	124. Climbs on things.	N	S	O	A
91. Gives good suggestions for solving problems.	N	S	O	A	125. Makes decisions easily.	N	S	O	A
92. Politely asks for help.	N	S	O	A	126. Tries to bring out the best in other people.	N	S	O	A
93. Has allergic reactions.	N	S	O	A	127. Complains of heart beating too fast.	N	S	O	A
94. Shows fear of strangers.	N	S	O	A	128. Clings to parent in strange surroundings.	N	S	O	A
95. Breaks other children's things.	N	S	O	A	129. Is cruel to animals.	N	S	O	A
96. Worries about what teachers think.	N	S	O	A	130. Worries about schoolwork.	N	S	O	A
97. Complains about being unable to block out unwanted thoughts.	N	S	O	A	131. Sees things that are not there.	N	S	O	A
98. Gets in trouble.	N	S	O	A	132. Sleeps with parents.	N	S	O	A
99. Says, "I want to die" or "I wish I were dead."	N	S	O	A	133. Says, "I'm so ugly."	N	S	O	A
100. Has seizures.	N	S	O	A	134. Has a hearing problem.	N	S	O	A
101. Is usually chosen as a leader.	N	S	O	A	135. Is energetic.	N	S	O	A
102. Compliments others.	N	S	O	A	136. Shows interest in others' ideas.	N	S	O	A
103. Gets sick.	N	S	O	A	137. Has stomach problems.	N	S	O	A
104. Begins conversations appropriately.	N	S	O	A	138. Offers help to other children.	N	S	O	A

Please be sure you have marked all items.

BASC

Behavior Assessment System for Children Teacher Rating Scales

Cecil R. Reynolds and Randy W. Kamphaus

Instructions

On the pages that follow are phrases that describe how children may act. Please read each phrase and mark the response that describes how this child has acted over the last **six months**. If the child's behavior has changed a great deal during this period, describe the child's recent behavior.

Circle **N** if the behavior **never** occurs.

Circle **S** if the behavior **sometimes** occurs.

Circle **O** if the behavior **often** occurs.

Circle **A** if the behavior **almost always** occurs.

Please mark every item. If you don't know or are unsure, give your best estimate. A "Never" response does not mean that a child "never" engages in a behavior, only that you have not observed the child to behave that way.

Before starting, please provide the information requested in the box at the top of the next page.

How to Mark Your Responses

Use a sharp pencil or ballpoint pen; do not use a felt-tip pen or marker. Press firmly and be certain to **circle** completely the letter you choose, like this:

N (S) O A

If you wish to change a response, mark an X through it and circle your new choice, like this:

N (~~S~~) (O) A

AGS[®]

© 1992, American Guidance Service, Inc.

All rights reserved. No part of this form may be photocopied or otherwise reproduced.

A 0

<p>Child's name _____</p> <p style="text-align: center;">First Middle Last</p> <p>Date _____ Birth date _____ Age _____</p> <p style="text-align: center;">Month Day Year Month Day Year</p> <p>School _____ Grade _____</p> <p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Other data _____</p>	<p>Your name _____</p> <p style="text-align: center;">First Middle Last</p> <p>Position _____</p> <p>What type of class do you teach? _____</p> <p>How long have you known this child? _____</p>
--	--

<ol style="list-style-type: none"> 1. Adjusts well to new teachers. N S O A 2. Argues when denied own way. N S O A 3. Bites nails. N S O A 4. Gives up easily when learning something new. N S O A 5. Stares blankly. N S O A 6. Shows a lack of concern for others' feelings. N S O A 7. Stays disappointed a long time if a favorite activity is cancelled. N S O A 8. Rushes through assigned work. N S O A 9. Attends after-school activities. N S O A 10. Does not complete tests. N S O A 11. Volunteers to help with things. N S O A 12. Complains of being cold. N S O A 13. Reads assigned chapters. N S O A 14. Refuses to talk. N S O A 15. Has toileting accidents. N S O A 16. Threatens to hurt others. N S O A 17. Worries about things that cannot be changed. N S O A 18. Is easily distracted from classwork. N S O A 19. Tries to hurt self. N S O A 20. Skips classes at school. N S O A 21. Says, "I don't have any friends." N S O A 22. Bothers other children when they are working. N S O A 23. Is creative. N S O A 24. Makes careless errors. N S O A 25. Says, "please" and "thank you." N S O A 26. Complains of shortness of breath. N S O A 27. Studies with other students. N S O A 28. Avoids competing with other children. N S O A 29. Blames others. N S O A 30. Sees things that are not there. N S O A 31. Cheats in school. N S O A 32. Complains about being teased. N S O A 33. Talks too loud. N S O A 34. Bullies others. N S O A 35. Seeks attention while doing schoolwork. N S O A 36. Encourages others to do their best. N S O A 37. Analyzes the nature of a problem before starting to solve it. N S O A 	<ol style="list-style-type: none"> 38. Is stubborn. N S O A 39. Breaks other children's things. N S O A 40. Is nervous. N S O A 41. Does not pay attention to lectures. N S O A 42. Eats things that are not food. N S O A 43. Has to stay after school for punishment. N S O A 44. Changes moods quickly. N S O A 45. Taps foot or pencil. N S O A 46. Has lots of ideas. N S O A 47. Says that textbooks are hard to understand. N S O A 48. Has a sense of humor. N S O A 49. Complains about health. N S O A 50. Does extra credit. N S O A 51. Plays alone. N S O A 52. Stutters. N S O A 53. Talks back to teachers. N S O A 54. Says, "I'm afraid I will make a mistake." N S O A 55. Has a short attention span. N S O A 56. Seems out of touch with reality. N S O A 57. Steals at school. N S O A 58. Says, "Nobody likes me." N S O A 59. Acts without thinking. N S O A 60. Makes decisions easily. N S O A 61. Gets failing school grades. N S O A 62. Compliments others. N S O A 63. Complains of being hot. N S O A 64. Works hard, even in courses he or she does not like. N S O A 65. Avoids other children. N S O A 66. Orders others around. N S O A 67. Plays in toilet. N S O A 68. Complains about police or other law enforcement officers. N S O A 69. Says, "Nobody understands me." N S O A 70. Calls out in class. N S O A 71. Is critical of others. N S O A 72. Uses medication. N S O A 73. Tries to bring out the best in other people. N S O A 74. Appears confident before tests. N S O A
---	---

Remember:

Indicate how frequently each behavior occurs by circling

— Never S — Sometimes O — Often A — Almost always

BASC
Behavior Assessment System for Schools
Teacher Rating Scales

TRS - C
(Ages 6 - 11)

5. Adjusts well to changes in routine.	N	S	O	A	112. Is a "good sport."	N	S	O	A
6. Calls other children names.	N	S	O	A	113. Complains about rules.	N	S	O	A
7. Is fearful.	N	S	O	A	114. Gets ill before a major school test.	N	S	O	A
8. Has trouble concentrating.	N	S	O	A	115. Forgets things.	N	S	O	A
9. Complains about being unable to block out unwanted thoughts.	N	S	O	A	116. Hears sounds that are not there.	N	S	O	A
10. Is truant.	N	S	O	A	117. Has been suspended from school.	N	S	O	A
1. Cries easily.	N	S	O	A	118. Is sad.	N	S	O	A
2. Interrupts others when they are speaking.	N	S	O	A	119. Acts silly.	N	S	O	A
3. Gives good suggestions for solving problems.	N	S	O	A	120. Works well under pressure.	N	S	O	A
4. Has spelling problems.	N	S	O	A	121. Has poor handwriting or printing.	N	S	O	A
5. Politely asks for help.	N	S	O	A	122. Admits mistakes.	N	S	O	A
6. Complains of pain.	N	S	O	A	123. Has headaches.	N	S	O	A
7. Reads.	N	S	O	A	124. Has good study habits.	N	S	O	A
8. Is chosen last by other children for games.	N	S	O	A	125. Is shy with adults.	N	S	O	A
9. Seems to take setbacks in stride.	N	S	O	A	126. Has trouble shifting gears from one task to another.	N	S	O	A
10. Shows off.	N	S	O	A	127. Hits other children.	N	S	O	A
1. Expresses self-doubt before tests.	N	S	O	A	128. Says, "I'm not very good at this."	N	S	O	A
2. Listens attentively.	N	S	O	A	129. Listens to directions.	N	S	O	A
3. Chews clothing or blankets.	N	S	O	A	130. Babbles to self.	N	S	O	A
4. Uses foul language.	N	S	O	A	131. Has friends who are in trouble.	N	S	O	A
5. Is easily upset.	N	S	O	A	132. Says, "I want to die" or "I wish I were dead."	N	S	O	A
6. Makes loud noises when playing.	N	S	O	A	133. Is overly active.	N	S	O	A
7. Is good at getting people to work together.	N	S	O	A	134. Joins clubs or social organizations.	N	S	O	A
8. Has problems with mathematics.	N	S	O	A	135. Completes assignments incorrectly because of not following instructions.	N	S	O	A
9. Congratulates others when good things happen to them.	N	S	O	A	136. Offers to help other children.	N	S	O	A
10. Gets sick.	N	S	O	A	137. Has fevers.	N	S	O	A
1. Completes homework.	N	S	O	A	138. Uses the school library.	N	S	O	A
2. Has trouble making new friends.	N	S	O	A	139. Refuses to join group activities.	N	S	O	A
3. Teases others.	N	S	O	A	140. Is a "sore loser."	N	S	O	A
4. Repeats one thought over and over.	N	S	O	A	141. Has strange ideas.	N	S	O	A
5. Has reading problems.	N	S	O	A	142. Has eye problems.	N	S	O	A
6. Has seizures.	N	S	O	A	143. Has a hearing problem.	N	S	O	A
7. Hurries through assignments.	N	S	O	A	144. Cannot wait to take turn.	N	S	O	A
8. Throws tantrums.	N	S	O	A	145. Is usually chosen as a leader.	N	S	O	A
9. Sings or hums to self.	N	S	O	A	146. Rocks back and forth for long periods of time.	N	S	O	A
10. Makes suggestions without offending others.	N	S	O	A	147. Shows interest in others' ideas.	N	S	O	A
1. Asks to make up missed assignments.	N	S	O	A	148. Is well organized.	N	S	O	A

Please be sure you have marked all items.

The following statements describe some ways that parents interact with their child. Please respond to ALL items by circling a number according to how often each statement applies to you.

		0 Never	1 Some- times	2 Most of the time	3 Always
1.	I blame myself when my child gets hurt	0	1	2	3
2.	I comfort my child immediately when he/she cries	0	1	2	3
3.	I encourage my child to depend on me	0	1	2	3
4.	I have difficulty separating from my child	0	1	2	3
5.	I trust my child on his/her own	0	1	2	3
6.	I let my child make his/her own decisions	0	1	2	3
7.	I have difficulty leaving my child with a babysitter	0	1	2	3
8.	I decide when my child eats	0	1	2	3
9.	I use baby words when I talk to my child	0	1	2	3
10.	I urge my child to try new things	0	1	2	3
11.	I determine who my child will play with	0	1	2	3
12.	I keep a close watch on my child	0	1	2	3
13.	I feed my child even if he/she can do it alone	0	1	2	3
14.	I feel comfortable leaving my child with other people	0	1	2	3
15.	I protect my child from criticism	0	1	2	3
16.	I let my child choose what he/she wears	0	1	2	3
17.	I make my child go to sleep at a set time	0	1	2	3
18.	I go to my child if he/she cries during the night	0	1	2	3
19.	I encourage my child to play with other children	0	1	2	3
20.	I give my child extra attention when he/she clings to me	0	1	2	3
21.	I decide what my child eats	0	1	2	3
22.	I dress my child even if he/she can do it alone	0	1	2	3
23.	I decide when my child goes to the bathroom	0	1	2	3
24.	I know exactly what my child is doing	0	1	2	3
25.	I allow my child to do things on his/her own	0	1	2	3

Please read this carefully.

We should like to know if you have had any medical complaints and how your health has been in general, *over the past few weeks*. Please answer ALL the questions on the following pages simply by underlining the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those you had in the past.

It is important that you try to answer ALL the questions.

Have you recently

A1	been feeling perfectly well and in good health?	Better than usual	Same as usual	Worse than usual	Much worse than usual
A2	been feeling in need of a good tonic?	Not at all	No more than usual	Rather more than usual	Much more than usual
A3	been feeling run down and out of sorts?	Not at all	No more than usual	Rather more than usual	Much more than usual
A4	feel that you are ill?	Not at all	No more than usual	Rather more than usual	Much more than usual
A5	been getting any pains in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
A6	been getting a feeling of tightness or pressure in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
A7	been having hot or cold spells?	Not at all	No more than usual	Rather more than usual	Much more than usual
B1	lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
B2	had difficulty in staying asleep once you are off?	Not at all	No more than usual	Rather more than usual	Much more than usual
B3	felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
B4	been getting edgy or bad-tempered?	Not at all	No more than usual	Rather more than usual	Much more than usual
B5	Been getting scared or panicky for no good reason?	Not at all	No more than usual	Rather more than usual	Much more than usual
B6	found everything getting on top of you?	Not at all	No more than usual	Rather more than usual	Much more than usual
B7	been feeling nervous and strung-up all the time?	Not at all	No more than usual	Rather more than usual	Much more than usual

Have you recently....

C1	been managing to keep yourself busy and occupied?	More so than usual	Same as usual	Rather less than usual	Much less than usual
C2	been taking longer over the things you do?	Quicker than usual	Same as usual	Longer than usual	Much longer than usual
C3	felt on the whole you were doing things well?	Better than usual	About the same	Less well than usual	Much less well
C4	been satisfied with the way you've carried out your task?	More satisfied	About same as usual	Less satisfied than usual	Much less satisfied
C5	felt that you are playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less useful
C6	felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less capable
C7	been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual
D1	been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
D2	felt that life is entirely hopeless?	Not at all	No more than usual	Rather more than usual	Much more than usual
D3	felt that life isn't worth living?	Not at all	No more than usual	Rather more than usual	Much more than usual
D4	thought of the possibility that you might make away with yourself?	Definitely not	I don't think so	Has crossed my mind	Definitely have
D5	found at times you couldn't do anything because your nerves were too bad?	Not at all	No more than usual	Rather more than usual	Much more than usual
D6	found yourself wishing you were dead and away from it all?	Not at all	No more than usual	Rather more than usual	Much more than usual
D7	found that the idea of taking your own life kept coming into your mind?	Definitely not	I don't think so	Has crossed my mind	Definitely have

Please read carefully, and answer the following questions about your child and your family. Please answer ALL questions by ticking the box the most applies, and filling in the information requested.

Child's Name: _____ Parent's Name: _____

Questions about your child:

1. Relationship to child of person completing form:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Biological mother | <input type="checkbox"/> Step mother |
| <input type="checkbox"/> Biological father | <input type="checkbox"/> Stepfather |
| <input type="checkbox"/> Other (please specify) _____ | |

2. Child's sex: ☐ Boy ☐ Girl

3. Child's date of birth: ____ Day ____ Month ____ Year

4. What country was your child born in? _____

5. Some children may sometimes feel wheezy or tight in the chest. In the last 12 months, how often did your child have episodes of wheezing, or wheezing which was more troublesome than usual?

- | | | |
|--------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Never | <input type="checkbox"/> Don't know | |

6. In the last 12 months, how often did your child wake at night with cough or wheezing?

- | | | |
|---|--|--|
| <input type="checkbox"/> Most nights | <input type="checkbox"/> 1-3 nights/week | <input type="checkbox"/> <1 night/week |
| <input type="checkbox"/> Only with episodes | <input type="checkbox"/> Never | <input type="checkbox"/> Don't know |

7. In the last 12 months, how often did your child's experience troublesome wheezing first thing in the morning?

- | | | |
|---|--|--|
| <input type="checkbox"/> Most morning | <input type="checkbox"/> 1-3 mornings/week | <input type="checkbox"/> <1 morns/week |
| <input type="checkbox"/> Only with episodes | <input type="checkbox"/> Never | <input type="checkbox"/> Don't know |

8. In last 12 months, has your child had difficulty breathing which has been severe enough to limit speech to only one to two words at a time between breaths?

☐ Yes

☐ No

☐ Don't know

9. In last 12 months, how often were your child's activities affected or limited by cough or wheeze or shortness of breath whilst he/she was at home playing with other children?

☐ Daily

☐ Weekly

☐ Monthly

☐ Never

☐ Don't know

10. Has your child been diagnosed with asthma?

☐ No: Skip to question 13.

☐ Yes: Please specify (i) Date of diagnosis ____ Day ____ Month ____ Year

(ii) Doctor who made diagnosis _____

11. If you answered 'Yes' to question 10, please indicate the severity of your child's asthma

☐ Mild

☐ Moderate

☐ Severe

12. How well managed or controlled are your child's asthma symptoms (that is symptoms are prevented from arising or relieved quickly when they do occur)?

☐ Poorly managed

☐ Managed less often than not

☐ Managed about half the time

☐ Managed most of the time

☐ Completely managed

13. Does your child suffer any allergies?

☐ No

☐ Yes: Please specify _____

14. Does your child suffer any other medical conditions?

☐ No

☐ Yes: Please specify _____

15. Does anyone in your household smokes?

- ☐ No
☐ Yes

16. Has your child ever been admitted to hospital?

- ☐ No
☐ Yes: Please specify number of admissions: _____

	Date of admission	Duration of stay	Reason for admission
Hospital admission 1:			
Hospital admission 2:			
Hospital admission 3:			
Hospital admission 4:			

17. Does your child spend time in care of someone other than yourself each week?

- ☐ No
☐ Yes: Please specify; (i) Number of hours _____
(ii) Type/s (e.g. centre, friend, relative, nanny) _____

18. Your child lives with:

- | | |
|--|---|
| <input type="checkbox"/> Both biological parents | <input type="checkbox"/> Biological mother & stepfather |
| <input type="checkbox"/> Biological mother only | <input type="checkbox"/> Biological father & stepmother |
| <input type="checkbox"/> Biological father only | <input type="checkbox"/> Other (please specify) _____ |

19. Other children in the family:

Relationship to Child	Male or Female	Date of Birth	Tick if living at home	Tick if asthmatic & indicate severity (mild, moderate, severe)

20. How difficult do you think your life is at present? (Please circle the appropriate number)

No
problems
or stresses

Few
problems
or stresses

Some
problems
and stresses

Many
problems
and stresses

Very Many
problems
and stresses

1

2

3

4

5

21. How do you think you are coping? (Please circle the appropriate number)

Not at all

A little

Fairly well

Very well

Extremely
well

1

2

3

4

5

Victoria University
PO Box 14428
MELBOURNE VIC 8001
Australia
(Clinical)

Telephone:
(03) 9919 2397
Facsimile:
(03) 9919 2218
Email:
Sandra.Lancaster@vu.edu.au

School of Psychology
Professor Sandra Lancaster
Convenor, Doctor of Psychology
Director, Psychology Clinic



St Albans Campus
McKechnie Street
St Albans

Dear

In 2002-2003 you kindly participated in a research project that focused on the relationship between asthma and anxiety in young children. The information you provided is highly valued and has added to our understanding of young children and will assist professionals who care for young children and their families.

Findings from the research project have also highlighted the importance of learning about the ongoing development of the children, and in particular whether changes occur in children's anxiety over time. We would therefore like to invite you to participate in the follow-up project being conducted by Professor Sandra Lancaster and Michelle Popovski (a student enrolled in a Doctor of Psychology degree at Victoria University) with the support of Associate Professor Nicholas Freezer (Department of Respiratory Medicine). We are very excited about the project and the opportunity to learn more from you about your children. Your support for the previous study was very much appreciated and we hope very much that you will be able to be involved in this important follow-up.

Can you please complete the slip below and return it in the stamped addressed envelope so that we can contact you by telephone and give you further information about the project. Alternatively, you may call Michelle on 0418 518 828 or Professor Lancaster on 9919 2397.

We look forward to hearing from you very soon.

Yours sincerely,

Dr Heather Siddons

Dr Heather Siddons

Sandra Lancaster

Professor Sandra Lancaster

PLEASE RETURN COMPLETED SLIP AS SOON AS POSSIBLE

Name: _____

Address: _____

Phone Number: _____

☐

I agree to be contacted about the research project.

☐

I do NOT agree to be contacted about the research project.

Campuses at:

Footscray, Melbourne City, Melton, Newport, St Albans, South Melbourne, Sunbury, Sunshine and Werribee