



## Child and Adolescent Needs and Strengths (CANS) Frequently Asked Questions (FAQ) **Version 3**

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### What is the CANS?

The Child and Adolescent Needs and Strengths (CANS) is a functional assessment tool developed to support decision-making, including treatment planning, facilitating quality improvement initiatives, and monitoring the outcomes of services. The tool collects information in a consistent manner and improves communication between those providing services and families receiving services. The CANS reviews the strengths and needs of a child/youth considering past behavior but focuses on the current needs to help the child/youth and family. The CANS has different sections, which have various items about the child/youth and family's life.

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### Why the CANS?

The Department of Health Care Services (DHCS) is requiring all county Mental Health Plans to use functional assessment tools, including the Pediatric Symptoms Checklist (PSC-35) and the CANS. See [DHCS Information Notices](#) 17-052, 8-029, and 18-048.

**Decision-Making:** The CANS provides the child/youth's family and providers with information on what are their needs and strengths to help inform the treatment planning process as related to the Partnership Plan for Wellness. Since the tool is used over time, it is useful in informing decisions on transition needs to higher or lower level of care. The CANS helps to create a shared vision or common goal as it provides data on how or why a decision was made.

**Collaboration:** The CANS is a communication tool that aids collaboration, such as in collaborative treatment planning, across all systems the child/youth is involved by integrating data into one place, creating a common language.

**Outcomes:** The CANS can help the provider and family measure improvement towards goals and see how needs and strengths change. Data can be used to assess service strengths and gaps at the individual, program, and system levels.

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### How was the CANS developed?

The CANS was developed from a communication perspective to facilitate the linkage between the assessment process and the design of individualized treatment plans. The six key principles guiding the CANS are:

- Items impact service planning.
  - The levels of each item translate immediately in action levels.
  - It is about the child/youth not about the service.
  - Always consider cultural and developmental contexts before establishing action levels.
  - It is about the 'what' not about the 'why'.
  - There is a 30-day window for ratings unless otherwise specified but this is just to keep the ratings 'fresh' and relevant to the child/youth's present circumstances.
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### How is the CANS completed?

The CANS is NOT a self-report questionnaire filled out by youth or family. The CANS is typically completed interview style with a provider who is certified and trained to use the tool.<sup>1</sup> Providers are encouraged to introduce the CANS early in the assessment process and complete the CANS together or discuss results during collaborative treatment planning with the family. For direction in completing the CANS, refer to the **CANS Manual** that includes details for each CANS item.

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<sup>1</sup> Training is available from Contra Costa Behavioral Health Services.

Each item is rated on a 4-point scale: 0, 1, 2, and 3. Refer below.




The action levels for ratings for **need** items are:

- 0 – indicates no need for action.
- 1 – indicates a need for watchful waiting to see whether action is needed (i.e., flag it for later review to see if any circumstances change) or prevention planning.
- 2 – indicates a need for action (i.e., the need is sufficiently problematic, that it is interfering in the child/youth's or family's life in a notable way).
- 3 – indicates the need for either immediate or intensive action, dangerous or disabling levels of needs are rated with this level.

The action levels for ratings of **strengths** are:

- 0 – indicates a centerpiece strength. The focus of a strength-based plan.
- 1 – indicates a useful strength. It can be included in a strength-based plan.
- 2 – indicates an identified strength. It could be developed with significant strength building efforts to become useful.
- 3 – indicates no strength has been identified.

What do the ratings mean?

Needs				Strengths			
	Rating	Level of Need	Action Level		Rating	Level of Strength	Action Level
	0	No evidence of need	No action needed		0	Centerpiece strength	Central to planning
	1	Suspicion or history of need	Keep an eye on it or collect more information		1	Strength present	Useful in planning
	2	Need interferes with functioning	Take action/intervention needed		2	Identified strength	Needs building or development
	3	Intensive need, dangerous or disabling	Immediate and/or intensive action		3	No strength identified	Strength creation or identification may be indicated

Which CANS do I complete?

Contra Costa Behavioral Health Services (CCBHS) has their own version of the CANS. This form should be used. See pages 5-6 for directions on completing the paper forms.

Who completes the CANS?

Anyone who completes a CANS must be certified through the Praed Foundation by passing the online certification test. While the CANS itself can be completed by anyone who is certified, note that CCBHS initial and annual assessments require licensed or licensed eligible clinician to complete and bill.

When is the CANS completed?

Starting October 1, 2018, the CANS is completed at the beginning of treatment, every six-months following the first administration, and at the end of treatment (i.e., discharge) for youth receiving mental health services. The CANS is required as part of the initial and annual assessments. **It is required for children and youth through age 20.**

<b>At 6-months do I use the UR or Episode Opening Date track?</b>	Follow the UR track; add an additional requirement at the half-way (6-month) point of the track. For example, for a UR track that is January through December, providers can count June as the mid cycle, or "6 month" mark. Remember that a CANS and PSC-35 should not be completed earlier than 4 months or later than 8 months from the date the last CANS and/or PSC-35 was completed.
<b>What if there is an unplanned discharge?</b>	County staff have option to indicate administrative discharge in ccLink. Contract providers do not currently have this option, so the paper forms should reflect the most recent CANS with items update as needed.
<b>What if I don't see client at the 6-month reassessment period?</b>	There is a 4-month window for when the 6-month reassessment needs to be done; so the CANS and PSC-35 reassessment can be completed anytime between 4- and 8-months. Given this timeframe, school-based services should be able to do the reassessment CANS before or after the youth is on their summer vacation.
<b>What are collaboration expectations?</b>	In accordance with DHCS Information Notices 18-007 and 18-029, the CANS assessment results are to be used as a shared resource for team members as part of the Child and Family Team (CFT) process. In addition, if the child/youth is receiving mental health services from multiple providers (for example when a child is receiving school-based therapy and TBS) there is a similar expectation. Providers should share with each other completed CANS assessments and their resulting identified outcomes for children assessed and/or served. This is to avoid unnecessary duplication and over-assessment of children, youth, and non-minor dependents.
<b>How do I bill for the CANS and PSC-35?</b>	<p>For Initial and Annual CANS: The CANS is tied the assessment. Since it's an assessment activity, you must use the procedure code 331. In order to bill, the service provider must be licensed or licensed eligible (ASW, AMFT, Trainee or Waivered).</p> <p>For Initial and Annual PSC-35: This form is not completed by a provider but by the parent/caregiver. The provider can review it but would not bill for it specifically (i.e., there should not be a separate progress note); add the time to the "total time billed" for the assessment (if licensed) or plan development (if unlicensed).</p> <p>For the 6-month CANS and PSC-35: You can bill under assessment, review plan, or evaluation. Evaluation (procedure code 313) is used to assess functioning in the community, and licensure is not required for billing.</p>
<b>What about medical necessity?</b>	<p>In order to receive services in the system of care, the client must meet medical and service necessity criteria. The three parts of medical necessity are:</p> <ol style="list-style-type: none"> <li>1) an included DSM5/ICD10 code (and corresponding narrative)</li> <li>2) an impairment in an important area of life functioning</li> <li>3) a plan devised to deal with minimizing the impact of the impairment</li> </ol> <p>In order to received services at this level of care the client must have an impairment in an important area of life functioning that was deemed "moderate" or "severe". The CANS Life Functioning Doman should indicate that there is a significant enough problem to require care planning or to take immediate action. So if there is no significant impairment in any area of life functioning, then they are not appropriate for services.</p>

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CANS and PSC-35 data currently must be submitted to two separate Contra Costa Behavioral Health departments: 1) CCBHS Utilization Review Unit for authorization and 2) CCBHS Quality Improvement/Assurance Unit for mandated data reporting and analysis.

CCBHS Utilization Review Unit conducts chart reviews for service authorization within specified timeframes and CANS and PSC-35 forms are required for clients in age range.

**Who do I send my CANS data to?**

CCBHS Quality Improvement/Assurance Unit is responsible for collecting, preparing, and submitting data to DHCS on behalf of the County. This Unit analyzes and shares CANS and PSC-35 data findings to inform practice and support quality improvement efforts. CCBHS is offering contracted providers the following short-term options to submit data.

Option 1: Providers submit completed Contra Costa CANS and PSC-35 forms by mail to: Quality Improvement & Assurance Unit, 1340 Arnold Dr., Suite 200, Martinez, CA 94553. See pages 5-6 for instructions on filling out the paper forms.

Option 2: Providers submit encrypted data files formatted using CCBHS data dictionaries.

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**When do I submit my data?**

CCBHS began reporting all CANS and PSC-35 data to DHCS on the last day of the month starting February 2019 and on a monthly basis thereafter. In order to meet this DHCS deadline for reporting, all CANS and PSC-35 data are due to CCBHS on the 15th of each month for data gathered since last submission to give CCBHS sufficient time to prepare the data submission files for DHCS.

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**Where is information on the PSC-35?**

Information can be found on our Outcomes Measures webpage at: <https://cchealth.org/mentalhealth/outcome-measures.php>. Included in the drop-down boxes on the right are forms, scoring instructions, one-page quick guide, and video training.

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**Where can I find more information?**

For more information, visit the following webpages:

- Clinical Documentation – <https://cchealth.org/mentalhealth/clinical-documentation/>
  - Outcome Measures – <https://cchealth.org/mentalhealth/outcome-measures.php>
  - Quality Improvement & Quality Assurance – <https://cchealth.org/bhs/qiqa/>
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## Child and Adolescent Needs and Strengths (CANS)

NAME / MRN

Dates should be in 00/00/0000 format

Facility/Program ID is your 1 to 4 digit facility ID and 2 to 3 digit program ID. Ex: 35/18

Remember that "Strengths" are scored differently

Fill items like this

...Not like this

Assessment Date:	DOB:	Gender:	Ethnicity:				
Provider ID:	Fac/Prog:						
Form Status: <input type="radio"/> Initial <input type="radio"/> Subsequent <input type="radio"/> Annual <input type="radio"/> Discharge							
AGES 6-71							
<b>BEHAVIORAL / EMOTIONAL NEEDS</b> 0=no evidence 1=interferes with functioning; action needed 2=disabling, dangerous, immediate or intensive action needed 3=history or suspicion, monitor or intensive action needed		<b>CULTURAL FACTORS</b> 0=no evidence 1=interferes with functioning; action needed 2=disabling, dangerous, immediate or intensive action needed 3=history or suspicion, monitor or intensive action needed					
1. Psychosis (Thought Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Impulsivity/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Traditions and Rituals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Cultural Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>STRENGTHS DOMAIN</b>			
5. Oppositional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0=Centerpiece strength	1=Useful strength	2=Identified strength	3=No evidence
6. Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Family Strengths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Anger Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Interpersonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Substance Use <sup>A</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Educational Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Adjustment to Trauma <sup>B</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Talents/Interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>LIFE FUNCTIONING</b> 0=no evidence 1=interferes with functioning; action needed 2=disabling, dangerous, immediate or intensive action needed 3=history or suspicion, monitor or intensive action needed		<b>STRENGTHS DOMAIN</b> 0=Centerpiece strength 1=Useful strength 2=Identified strength 3=No evidence					
10. Family Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Spiritual/Religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Life Situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Cultural Identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. School Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Community Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Developmental/Intellectual <sup>C</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Natural Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				41. Resiliency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any **bolded** items with a footnote are scored a 1, 2, or 3, you must complete the corresponding expanded modules on page 3 and/or 4. Ex: if **8. Substance Use** is scored 1, complete **A- Substance Use Module**

PERSONAL ASSESSMENT MODULES (see if indicated on page 4)		A - Substance Use	B - Trauma	C - Developmental Disabilities	D - School	E - Violence	F - Sexually Aggressive Behaviors	G - Juvenile Justice	H - Suicide	I - Test Taking
<b>A - SUBSTANCE USE MODULE</b>		<b>B - TRAUMA MODULE</b>		<b>E - VIOLENCE MODULE</b>						
0=no evidence	1=history or suspicion, monitor	0=no evidence	1=history or suspicion, monitor	0=no evidence						
2=interferes with functioning; action needed	2=disabling, dangerous, immediate or intensive action needed	2=interferes with functioning; action needed	2=disabling, dangerous, immediate or intensive action needed	2=interferes with functioning; action needed						
				3=history or suspicion, monitor or intensive action needed						
EC01. Severity of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W01. History of Physical Abuse						
EC02. Duration of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W02. History of Intimate Partner Violence						
EC03. Stage of Recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W03. Witness to Domestic Violence						
EC04. Peer Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W04. Witness to Environmental Violence						
EC05. Parental Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W05. Witness to Environmental Violence						
EC06. Environmental Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W06. Bullying						
				W07. Peer Pressure Management						
				W08. Resilience						
				W09. Personal Thinking						
				W10. Secondary Status from Danger						
				W11. Violence Thinking						
				W12. Resilience Factors						
				W13. Access to Violence Prevention						
				W14. Response to Consequences						
				W15. Commitment to Self-Control						
				W16. Treatment Involvement						

## Completing and Submitting the Paper CANS Forms

ALL AGES		POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES					
No evidence	Yes-Evidence of Trauma	No evidence	Yes-Evidence of Trauma				
	No Yes		No Yes				
T1. Sexual Abuse <sup>A</sup>	<input type="checkbox"/>	<input type="checkbox"/>	T7. Witness to Community/School Violence	<input type="checkbox"/>	<input type="checkbox"/>		
T2. Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>	T8. Natural or Manmade Disaster	<input type="checkbox"/>	<input type="checkbox"/>		
T3. Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>	T9. War/Terrorism Affected	<input type="checkbox"/>	<input type="checkbox"/>		
T4. Neglect	<input type="checkbox"/>	<input type="checkbox"/>	T10. Victim/Witness to Criminal Activity	<input type="checkbox"/>	<input type="checkbox"/>		
T5. Medical Trauma	<input type="checkbox"/>	<input type="checkbox"/>	T11. Disrupt in Caregiving/Attachment Losses	<input type="checkbox"/>	<input type="checkbox"/>		
T6. Witness to Family Violence	<input type="checkbox"/>	<input type="checkbox"/>	T12. Parental Criminal Behavior	<input type="checkbox"/>	<input type="checkbox"/>		
AGES 0-5 (EARLY CHILDHOOD MODULE)							
<b>CHALLENGES</b>		<b>STRENGTHS</b>					
0=no evidence	1=history or suspicion, monitor	0=Centerpiece strength	1=Useful strength				
2=interferes with functioning; action needed	2=disabling, dangerous, immediate or intensive action needed	2=Identified strength	2=No evidence				
EC1. Impulsivity/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EC29. Family Strengths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC2. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EC30. Interpersonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC3. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EC31. Natural Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC4. Oppositional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EC32. Resiliency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC5. Attachment Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EC33. Relationship Permanence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC6. Adjustment to Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EC34. Playfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC7. Regulatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EC35. Family Spiritual/Religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC8. Atypical Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>DYADIC CONSIDERATIONS</b>			
EC9. Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0=no evidence	1=history or suspicion, monitor		
<b>FUNCTIONING</b>		<b>DYADIC CONSIDERATIONS</b>		2=interferes with functioning; action needed	2=disabling, dangerous, immediate or intensive action needed		
0=no evidence	1=history or suspicion, monitor						
2=interferes with functioning; action needed	2=disabling, dangerous, immediate or intensive action needed						

Potentially Traumatic/Adverse Childhood Experiences domain should be completed for **ALL AGES** (0-5 and 6-20 clients)

The Early Childhood Module (items with an EC in front of it) should only be completed for clients ages 0-5

CORRECT

NAME / MRN

AGES

POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES

No/No evidence	Yes-Evidence of Trauma	
	No	Yes
T1. Sexual Abuse*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T2. Physical Abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T3. Emotional Abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T4. Neglect	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T5. Medical Trauma	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T6. Witness to Family Violence	<input checked="" type="checkbox"/>	<input type="checkbox"/>

AGES 0-5 (EARLY CHILDHOOD MODULE)

No/No evidence	Yes-Evidence of Trauma	
	No	Yes
T7. Witness to Community/School Violence	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T8. Natural or Manmade Disaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T9. War/Terrorism Affected	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T10. Victim/Witness to Criminal Activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T11. Disrupt in Caregiving/Attachment Losses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T12. Parental Criminal Behavior	<input type="checkbox"/>	<input checked="" type="checkbox"/>

No/No evidence	Yes-Evidence of Trauma			
	0	1	2	3
EC1. Irritability/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC2. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC3. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC4. Oppositional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC5. Attachment Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC6. Adjustment to Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC7. Regulatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC8. Atypical Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC9. Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No/No evidence	Yes-Evidence of Trauma			
	0	1	2	3
EC10. Family Strengths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC26. Interpersonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC27. Natural Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC28. Resiliency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC29. Relationship Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC30. Playfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC31. Family Spiritual/Religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No/No evidence	Yes-Evidence of Trauma			
	0	1	2	3
EC18. Family Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC11. Early Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC12. Social/Emotional Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC13. Developmental/Intellectual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC14. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No/No evidence	Yes-Evidence of Trauma			
	0	1	2	3
EC15. Self-Harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC16. Exploited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No/No evidence	Yes-Evidence of Trauma			
	0	1	2	3
EC32. Emotional Resp. of Caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC33. Caregiver Att. to Trauma Exp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CAREGIVER RESOURCES AND NEEDS

A. Caregiver Name:

No/No evidence	Yes-Evidence of Trauma			
	0	1	2	3
EC34. Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC35. Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Squares should be filled in with black ink

If a module or section does not apply, leave it blank

INCORRECT

NAME / MRN

AGES

POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES

No/No evidence	Yes-Evidence of Trauma	
	No	Yes
T1. Sexual Abuse*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T2. Physical Abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T3. Emotional Abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T4. Neglect	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T5. Medical Trauma	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T6. Witness to Family Violence	<input checked="" type="checkbox"/>	<input type="checkbox"/>

AGES 0-5 (EARLY CHILDHOOD MODULE)

No/No evidence	Yes-Evidence of Trauma	
	No	Yes
T7. Witness to Community/School Violence	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T8. Natural or Manmade Disaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T9. War/Terrorism Affected	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T10. Victim/Witness to Criminal Activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T11. Disrupt in Caregiving/Attachment Losses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T12. Parental Criminal Behavior	<input type="checkbox"/>	<input checked="" type="checkbox"/>

No/No evidence	Yes-Evidence of Trauma			
	0	1	2	3
EC1. Irritability/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC2. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC3. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC4. Oppositional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC5. Attachment Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC6. Adjustment to Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC7. Regulatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC8. Atypical Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC9. Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No/No evidence	Yes-Evidence of Trauma			
	0	1	2	3
EC10. Family Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC11. Early Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC12. Social/Emotional Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC13. Developmental/Intellectual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC14. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No/No evidence	Yes-Evidence of Trauma			
	0	1	2	3
EC15. Self-Harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC16. Exploited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No/No evidence	Yes-Evidence of Trauma			
	0	1	2	3
EC32. Emotional Resp. of Caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC33. Caregiver Att. to Trauma Exp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CAREGIVER RESOURCES AND NEEDS

A. Caregiver Name:

No/No evidence	Yes-Evidence of Trauma			
	0	1	2	3
EC34. Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC35. Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you make a mistake complete a new form

Do not cross out or mark sections