

HoNOSCA

Parent's Assessment

The idea of this Assessment is to find out your views regarding the difficulties your son/daughter has been experiencing recently. The results are used to regularly monitor your son/daughter's progress, in conjunction with ratings by the clinical team and your son/daughter's own ratings.

1. Think back carefully and please try to be as accurate and as truthful as you can.
2. Only consider the last two weeks.
3. Please answer all 13 questions.
4. Please read all the choices before you tick the box.
5. Please tick one of the five boxes for each question.
6. If you think your son/daughter has experienced more than one of the difficulties listed in a question during the last two weeks, only give a rating for the most severe.

Thankyou very much for your help.

YOUR CHILD'S NAME _____

DATE _____

HoNOSCA PARENT'S ASSESSMENT (V1).

IN THE LAST TWO WEEKS, DO YOU THINK THAT:-

1. Your son/daughter has been troubled by disruptive behaviour, physical or verbal aggression

Not at all Insignificantly Mild but definitely Moderately Severely

2. Your son/daughter has suffered from lack of concentration or restlessness?

Not at all Insignificantly Mild but definitely Moderately Severely

3. Your son/daughter has done anything to injure or harm him/herself on purpose?

Not at all Insignificantly Mild but definitely Moderately Severely

4. Your son/daughter has had problems as a result of the use of Alcohol, Drugs or Solvents?

Not at all Insignificantly Mild but definitely Moderately Severely

5. Your son/daughter has experienced difficulties keeping up with his/her usual educational abilities?

Not at all Insignificantly Mild but definitely Moderately Severely

6. Your son/daughter has any physical illness or disability that restricts his/her activities?

Not at all Insignificantly Mild but definitely Moderately Severely

7. Your son/daughter has been troubled by hearing voices, seeing things, suspicious or abnormal thoughts?

Not at all Insignificantly Mild but definitely Moderately Severely

8. Your son/daughter has suffered from self induced vomiting, head/stomach aches with no physical cause, bedwetting or soiling?

Not at all Insignificantly Mild but definitely Moderately Severely

9. Your son/daughter been feeling in a low or anxious mood, or troubled by fears, obsessions or rituals?

Not at all Insignificantly Mild but definitely Moderately Severely

10. Your son/daughter has been troubled by a lack of satisfactory friendships or bullying?

Not at all Insignificantly Mild but definitely Moderately Severely

11. Your son/daughter found it difficult to look after him/herself or take responsibility for his/her independence?

Not at all Insignificantly Mild but definitely Moderately Severely

12. Your son/daughter has been troubled by relationships in your family or substitute home?

Not at all Insignificantly Mild but definitely Moderately Severely

13. Your son/daughter stopped attending his/her education sessions?

Not at all Insignificantly Mild but definitely Moderately Severely