

How are things?

Date: / / **20**

Time: h m

Please put a circle around the word that shows how often each of these things happen to your child.
There are no right or wrong answers.

		0	1	2	3
1	My child feels sad or empty	Never	Sometimes	Often	Always
2	Nothing is much fun for my child anymore	Never	Sometimes	Often	Always
3	My child has trouble sleeping	Never	Sometimes	Often	Always
4	My child has problems with his/her appetite	Never	Sometimes	Often	Always
5	My child has no energy for things	Never	Sometimes	Often	Always
6	My child is tired a lot	Never	Sometimes	Often	Always
7	My child cannot think clearly	Never	Sometimes	Often	Always
8	My child feels worthless	Never	Sometimes	Often	Always
9	My child feels like he/she doesn't want to move	Never	Sometimes	Often	Always
10	My child feels restless	Never	Sometimes	Often	Always

Relationship to child/ young person (tick below):

Mother

Father

Other (please specify):
.....

NHS ID:

Service allocated
case ID

SUM:

