

Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number _____ - _____ - _____ - _____

A2. Acrostic Identifier _____

A3. Study visit
 Study Visit 6 (age 3 year).....6
 Study Visit 7 (age 4 year).....7
 Study Visit 8 (age 5 year).....8

A4. Patient date of birth
 ____ / ____ / ____ - ____ - ____ - ____
 M M / D D / Y Y Y Y

A5. Patient gender
 MALE 1 FEMALE.....2

A6. Was the form completed without assistance from the study coordinator or other health care provider?
 YES.....1 NO.....2 (A6b)

a. Who completed the form? (without assistance)
 Mother1 (A7)
 Father2 (A7)
 Other primary caregiver.....3

1. If other primary caregiver, specify: _____ (A7)

b. Who completed the form? (with assistance)
 Mother1 (A7)
 Father2 (A7)
 Other primary caregiver.....3

1. If other primary caregiver, specify: _____

A7. Date of instrument completion by parent or caregiver
 ____ / ____ / ____ - ____ - ____ - ____
 M M / D D / Y Y Y Y

A8. Date of form completion
 ____ / ____ / ____ - ____ - ____ - ____
 M M / D D / Y Y Y Y

A9. Name of person completing form

 PRINT FULL NAME INITIALS

INSTRUCTIONS TO STUDY COORDINATORS:
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1. Do not send **Section A** (pages 1-2) to the family with questionnaire. This section must be completed by study coordinator after receiving completed questionnaire from participant's family.
2. Affix study label to **FRONT PAGE** of the Instrument page prior to sending to participant's family. When instrument is returned, photocopy entire packet and maintain in the study subject's research file.
Blacken all confidential information, if needed.
3. Complete and re-attach **Section A** (page 1 of 2) to the completed questionnaire (pages 1-3) and send original instrument packet to DCC.

INSTRUCTIONS TO FAMILIES*

1. On the following pages there are phrases that describe how children may act. (read aloud to family member)
2. Read each phrase and mark the response that describes how your child has behaved in the last several months:
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
3. Mark every item, even if you do not know or are unsure of a response to an item, give your best estimate.
4. Be sure to circle completely the letter that you choose. If you wish to change a response, please mark an X through the response, and circle your new choice.
5. Before starting, complete the information in the boxes above the form instructions.
6. All information is strictly confidential, and your name will not be used in any reports. This questionnaire is completely voluntary and will not affect your medical care. Please answer each question as accurately as you can.

* Instructions for families to be delivered by study coordinators.

BASC-2

Behavior Assessment System for Children, Second Edition

Cecil R. Reynolds and Randy W. Kamphaus

Child's Name _____
 First Middle Last

Date _____ Birth Date _____
 Month Day Year Month Day Year

School/Center _____ Grade/Class _____

Sex: Female Male Age _____

Other Data _____

Your Name _____
 First Middle Last

Sex: Female Male

Relationship to Child: Mother Father

Guardian Other _____

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 behaved recently (in the last several months).

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 of your response to an item, give your best estimate.

How to Mark Your Responses

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

Before starting, be sure to complete the information in the boxes above these instructions.



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A 0 9 8 7 6 5 4 3 2
Product Number: 30033

- | | |
|--|---|
| 1. Shares toys or possessions with other children. N S O A | 41. Complains of being cold. N S O A |
| 2. Speaks in short phrases that are hard to understand. N S O A | 42. Is easily frustrated. N S O A |
| 3. Gets colds. N S O A | 43. Communicates clearly. N S O A |
| 4. Compliments others. N S O A | 44. Is sad. N S O A |
| 5. Acts without thinking. N S O A | 45. Interrupts others when they are speaking. <u>N S O A</u> |
| 6. Has a short attention span. N S O A | 46. Annoys others on purpose. N S O A |
| 7. Eats things that are not food. N S O A | 47. Offers help to other children. N S O A |
| 8. Seems unaware of others. N S O A | 48. Gets very upset when things are lost. N S O A |
| 9. Has trouble making new friends. N S O A | 49. Threatens to hurt others. N S O A |
| 10. Gets sick. N S O A | 50. Whines. N S O A |
| 11. Sleeps with parents. N S O A | 51. Worries about what other children think. N S O A |
| 12. Breaks other children's things. N S O A | 52. Cries easily. N S O A |
| 13. Misses school or daycare because of sickness. N S O A | 53. Has ear infections. N S O A |
| 14. Pouts. N S O A | 54. Makes friends easily. N S O A |
| 15. Provides own telephone number when asked. <u>N S O A</u> | 55. Cannot wait to take turn. N S O A |
| 16. Says, "Nobody likes me." N S O A | 56. Is too serious. N S O A |
| 17. Acts out of control. N S O A | 57. Adjusts well to new teachers or caregivers. N S O A |
| 18. Seeks revenge on others. N S O A | 58. Provides home address when asked. N S O A |
| 19. Congratulates others when good things happen to them. N S O A | 59. Needs help tying shoes. N S O A |
| 20. Worries about what parents think. ... N S O A | 60. Says, "please" and "thank you." <u>N S O A</u> |
| 21. Argues when denied own way. N S O A | 61. Needs too much supervision. N S O A |
| 22. Holds a grudge. N S O A | 62. Pays attention. N S O A |
| 23. Worries about parents. N S O A | 63. Worries about things that cannot be changed. N S O A |
| 24. Complains about being teased. N S O A | 64. Bangs head. N S O A |
| 25. Has headaches. N S O A | 65. Shows fear of strangers. N S O A |
| 26. Avoids other children. N S O A | 66. Makes frequent visits to the doctor. .. N S O A |
| 27. Is unable to slow down. N S O A | 67. Needs help putting on clothes. N S O A |
| 28. Is fearful. N S O A | 68. Hits other children. N S O A |
| 29. Recovers quickly after a setback. N S O A | 69. Tries new things. N S O A |
| 30. Provides full name when asked. <u>N S O A</u> | 70. Stares blankly. N S O A |
| 31. Vomits. N S O A | 71. Says all letters of the alphabet when asked. N S O A |
| 32. Begins conversations appropriately. N S O A | 72. Changes moods quickly. N S O A |
| 33. Has poor self-control. N S O A | 73. Acts strangely. N S O A |
| 34. Listens carefully. N S O A | 74. Bullies others. N S O A |
| 35. Says, "I'm afraid I will make a mistake." N S O A | 75. Encourages others to do their best. <u>N S O A</u> |
| 36. Babbles to self. N S O A | 76. Worries. N S O A |
| 37. Is shy with other children. N S O A | 77. Loses temper too easily. N S O A |
| 38. Complains about health. N S O A | 78. Is chosen last by other children for games. N S O A |
| 39. Decides what clothing to wear without help. N S O A | 79. Has a hearing problem. N S O A |
| 40. Calls other children names. N S O A | 80. Listens to directions. N S O A |

- | | | | |
|---|----------------|--|----------------|
| 81. Has fevers. | N S O A | 109. Complains of pain. | N S O A |
| 82. Is shy with adults. | N S O A | 110. Clings to parent in strange surroundings. | N S O A |
| 83. Is overly active. | N S O A | 111. Interrupts parents when they are talking on the phone. | N S O A |
| 84. Is cruel to animals. | N S O A | 112. Has seizures. | N S O A |
| 85. Is easily soothed when angry. | N S O A | 113. Adjusts well to changes in family plans. | N S O A |
| 86. Answers telephone properly. | N S O A | 114. Is able to describe feelings accurately. | N S O A |
| 87. Needs help using zippers. | N S O A | 115. Has trouble fastening buttons on clothing. | N S O A |
| 88. Politely asks for help. | N S O A | 116. Volunteers to help with things. | N S O A |
| 89. Fiddles with things while at meals. ... | N S O A | 117. Throws tantrums. | N S O A |
| 90. Is easily distracted. | <u>N S O A</u> | 118. Is easily annoyed by others. | N S O A |
| 91. Worries about making mistakes. | N S O A | 119. Says, "I'm not very good at this." | N S O A |
| 92. Acts confused. | N S O A | 120. Chews clothing or blankets. | <u>N S O A</u> |
| 93. Readily starts up conversations with new people. | N S O A | 121. Wets bed. | N S O A |
| 94. Has stomach problems. | N S O A | 122. Has sore throats. | N S O A |
| 95. Fails to wash hands when needed. ... | N S O A | 123. Has trouble eating with a fork. | N S O A |
| 96. Teases others. | N S O A | 124. Disrupts the play of other children. .. | N S O A |
| 97. Adjusts well to changes in routine. ... | N S O A | 125. Adjusts easily to new surroundings. .. | N S O A |
| 98. Shows feelings that do not fit the situation. | N S O A | 126. Does strange things. | N S O A |
| 99. Responds appropriately when asked a question. | N S O A | 127. Sets fires. | N S O A |
| 100. Is easily upset. | N S O A | 128. Is negative about things. | N S O A |
| 101. Says things that make no sense. | N S O A | 129. Has toileting accidents. | N S O A |
| 102. Needs help bathing self. | N S O A | 130. Needs to be reminded to brush teeth. | N S O A |
| 103. Uses appropriate table manners. | N S O A | 131. Has eye problems. | N S O A |
| 104. Tries to be perfect. | N S O A | 132. Is nervous. | N S O A |
| 105. Is clear when telling about personal experiences. | <u>N S O A</u> | 133. Is unclear when presenting ideas. ... | N S O A |
| 106. Refuses to join group activities. | N S O A | 134. Quickly joins group activities. | N S O A |
| 107. Falls down. | N S O A | | |
| 108. Pays attention when being spoken to. | N S O A | | |