

**BRIEF Early Childhood Screening Assessment**

Name: \_\_\_\_\_

**Please circle the number that best describes your *child* compared to other children the same age. For each item, please circle the “+” if you are concerned and would like help with this item.**

0 = Rarely/Not True

1 = Sometimes/Sort of

2 = Almost Always/Very True

1. Loses temper too much	0	1	2	+
2. Reacts too emotionally to small things	0	1	2	+
3. Seems sad, cries a lot	0	1	2	+
4. Is irritable, easily annoyed	0	1	2	+
5. Runs around in settings when should sit still (school, worship)	0	1	2	+
6. Is easily startled or scared	0	1	2	+
7. Breaks things during tantrums	0	1	2	+
8. Seems nervous or worries a lot	0	1	2	+
9. Has a hard time paying attention to tasks or activities	0	1	2	+
10. Is difficult to comfort when hurt or distressed	0	1	2	+
11. Hurts others on purpose (biting, hitting, kicking)	0	1	2	+
12. Avoids situations that remind of scary events	0	1	2	+
13. Fidgets, can't sit quietly	0	1	2	+
14. Has unusual repetitive behaviors (rocking, flapping)	0	1	2	+
15. Doesn't seem to listen to adults talking to him/her	0	1	2	+
16. Has trouble interacting with other children	0	1	2	+
17. Argues with adults	0	1	2	+
18. Battles over food and eating	0	1	2	+
19. Is clingy, doesn't want to separate from parent	0	1	2	+
20. Doesn't seem to have much fun	0	1	2	+
21. Is very disobedient	0	1	2	+
22. Blames other people for mistakes	0	1	2	+

**Are you concerned about your child's behavior? (Please Circle)**

Yes

Somewhat

No

**As a CAREGIVER, you play an important role in your child's life. Please circle the number that best describes how YOU have felt in the PAST TWO WEEKS.**

**For each item, please circle the “+” if you are concerned and would like help with this item.**

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23. I feel down, depressed, or hopeless	0	1	2	+
24. I feel little interest or pleasure in doing things	0	1	2	+

**Child total score (items 1-22):** \_\_\_\_\_

**Caregiver total score (items 23-24):** \_\_\_\_\_

**Provider Only (circle one):**

If <b>child</b> had + screen, was counseling provided?	Yes	No	Was a referral given?	Yes	No
If <b>caregiver</b> had + screen, was counseling provided?	Yes	No	Was a referral given?	Yes	No

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Child's Name:

Date: