CAMS Parent/Caregiver Questionnaire

Client ID Number

Instructions: Think about the things your child does and how he/she feels. Fill in the circle that best describes your child.

	Never 1	Sometimes 2	Often 3
1. Helps others	○	○	○
2. Has 2 or more friends	○	○	○
3. Understands the consequences of his/her behavior	○	○	○
4. Has an interest in the future	○	○	○
5. Has good relationships with adults outside his/her family	○	○	○
6. Is confident (not easily embarrassed)	○	○	○
7. Has a good relationship with his/her family	○	○	○
8. Is able to concentrate/pay attention	○	○	○
9. Is able to plan and organize	○	○	○
10. Participates in activities (sports, arts, hobbies)	○	○	○
11. Takes responsibility for tasks	○	○	○
12. Handles criticism well	○	○	○

© Doucette & Bickman, 2002 — SBI-Y (v1.0)

Instructions: Think about your child's behavior over the Last Two Months. Fill in the circle that best describes him/her.

	No 0	Yes 1
1. Had contact with police	○	○
2. Used alcohol	○	○
3. Ran away	○	○
4. Used illegal drugs	○	○
5. Attempted suicide/hurt self	○	○
6. Set fires	○	○
7. Cruel to animals	○	○
8. Hurts or cuts self	○	○

Instructions:
Think about your child's behavior and whether it has caused problems for him/her. Fill in the circle that is most like your child.

How often has your child's behavior caused problems in each of the following areas?

	Never 1	Sometimes 2	Often 3	Almost Always 4
1. Home and family	○	○	○	○
2. School	○	○	○	○
3. Friendships with peers	○	○	○	○
4. Leisure (free time) activities	○	○	○	○

5. How long has your child had problems?

Less than a month 1	1 - 3 months 2	4 - 6 months 3	7 - 12 months 4	13 - 17 months 5	18 - 24 months 6	More than two years 7
○	○	○	○	○	○	○