

Unionville Children's Clinic
3601 HWY 7 East, SUITE 601
Markham, ON L3R 0M3
TEL: 905-940-0112

Patient's Name:

Age:

Completed by:

Date:

T-CAPS - PART A

Inattention		Not at all	Just a little	Pretty much	Very much
1	Fails to give close attention to details or makes careless mistakes	0	1	2	3
2	Has difficulty sustaining attention in tasks and play activities	0	1	2	3
3	Does not seem to listen to when spoke to directly	0	1	2	3
4	Does not follow through on instructions and fails to finish schoolwork, or workplace duties	0	1	2	3
5	Has difficulty organizing tasks and activities	0	1	2	3
6	Avoids, dislikes, or is reluctant to engage in tasks that require Sustained mental effort	0	1	2	3
7	Loses things necessary for tasks or activities (e.g. toys, pencils, books, or tools)	0	1	2	3
8	Easily distracted by outside stimuli	0	1	2	3
9	Forgetful in daily activities	0	1	2	3
Hyperactivity/Impulsivity					
10	Fidget with hands/feet or squirms in seat	0	1	2	3
11	Leaves seat in situations in which remaining seated is expected (e.g., class)	0	1	2	3
12	Runs about or climbs excessively in situations in which it is inappropriate	0	1	2	3
13	Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14	Is 'on the go' or acts as if 'driven by a motor'	0	1	2	3
15	Talks excessively	0	1	2	3
16	Blurts out answers before questions have been completed	0	1	2	3
17	Has difficulty awaiting turn	0	1	2	3
18	Interrupts or intrudes on others (e.g., butts into conversation)	0	1	2	3
Oppositional/Defiant Behaviours					
19	Loses temper	0	1	2	3
20	Argues with adults	0	1	2	3
21	Actively defies or refuses to comply with requests or rules	0	1	2	3
22	Deliberately annoys people	0	1	2	3
23	Blames others for his or her mistakes or misbehaviour	0	1	2	3
24	Is touchy or easily annoyed by others	0	1	2	3
25	Is angry or resentful	0	1	2	3
26	Is spiteful or vindictive	0	1	2	3
Learning Problems					
27	Reading below grade level	0	1	2	3
28	Difficulty understanding what he/she had read	0	1	2	3
29	Has difficulties in written expression	0	1	2	3
30	Has handwriting difficulties	0	1	2	3
31	Has difficulties in understanding math concepts and/or operations	0	1	2	3
32	Has difficulties in expressive language	0	1	2	3
33	Underachieves at school	0	1	2	3
Communication Problems					
34	Stutters	0	1	2	3
35	Stammers	0	1	2	3
36	Has articulation Problems	0	1	2	3

Patient's name:

T-CAPS-PART B

Conduct Problems		Not at all	Just a little	Pretty much	Very much
37	Bullies, threatens, or intimidates others	0	1	2	3
28	Initiates physical fights	0	1	2	3
39	Has used a weapon that could cause serious physical harm (e.g., a bat)	0	1	2	3
40	Has been cruel to people	0	1	2	3
41	Has been physically cruel to animals	0	1	2	3
42	Has stolen white confronting a victim (e.g., mugging, extortion)	0	1	2	3
43	Has forced someone into sexual activity	0	1	2	3
44	Has deliberately engaged in fire-setting	0	1	2	3
45	Has deliberately destroyed other's property	0	1	2	3
46	Has broken into someone else's house, building, or car	0	1	2	3
47	Lies to obtain goods or favours to avoid obligation (e.g., cons others)	0	1	2	3
48	Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting)	0	1	2	3
49	Stays out at night despite parental prohibitions, beginning before 13 years	0	1	2	3
50	Has run away from home overnight at least twice	0	1	2	3
51	Has been truant from school, beginning before 13 years of age	0	1	2	3
Anxiety Problem					
52	Feels tense, anxious or nervous for no apparent reason	0	1	2	3
53	Worries without apparent cause	0	1	2	3
54	Is afraid of unexpected disasters (e.g., storms, fires) when there is no real danger	0	1	2	3
55	Has difficulty relaxing	0	1	2	3
56	Has fear of being kidnapped or harmed	0	1	2	3
57	Is excessively shy and tends to avoid social situations	0	1	2	3
58	Is fearful about going to school	0	1	2	3
59	Is fearful about being away from parents even for brief periods of time	0	1	2	3
60	Worries about the health of loved one or death/dying	0	1	2	3
61	Has certain thoughts over and over again (obsessions)	0	1	2	3
62	Pulling out of his /her hair or eyebrows	0	1	2	3
63	Complains of physical symptoms without a known medical cause	0	1	2	3
64	Feels compelled to do certain things repeatedly (e.g., checking locks, hand-washing)	0	1	2	3
65	Has excessive fears of certain objects and situations (e.g., bugs, the dark, fear of heights)	0	1	2	3
66	Has experienced a major event (e.g., serious accident, burglary) and/or has seen a traumatic event (e.g., someone being hurt) and has anxiety and flashbacks	0	1	2	3
67	Refuses to speak with other people but speaks at home with family	0	1	2	3
68	Has panic attacks (e.g., episodes of pounding heart, sweating, trembling, Feeling of choking, chest pain, fears of dying, numbness, chills or hot flushes)	0	1	2	3
Mood Problems					
69	Has been feeling sad, unhappy, or depressed	0	1	2	3
70	Has decreased energy and has declined in productivity	0	1	2	3
71	Has self-injurious/suicidal thoughts or behaviours	0	1	2	3
72	Has decreased interest and/or pleasure in daily activities	0	1	2	3

Patient's name:

T-CAPS - PART B (continued)

Mood Problems		Not at all	Just a little	Pretty much	Very much
73	Has decreased interest in relating with boyfriend/girlfriend	0	1	2	3
74	Has difficulty falling asleep and/or maintaining sleep	0	1	2	3
75	Feels excessive guilt	0	1	2	3
76	Feels unattractive or ugly	0	1	2	3
77	Dislikes self or has feelings of anger or hatred towards self	0	1	2	3
78	School or work performance has declined	0	1	2	3
79	Increased social isolation or withdrawal	0	1	2	3
80	Is pessimistic or hopeless about the future	0	1	2	3
81	Has gained weight	0	1	2	3
82	Has lost weight	0	1	2	3
83	Cries easily or feels like crying	0	1	2	3
84	Has significant mood swings	0	1	2	3
85	Has inflated sense of self and/or feelings of grandiosity	0	1	2	3
86	Has flight of ideas and says what comes to mind or presents with pressured speech	0	1	2	3
87	Increased sexual interest/activity	0	1	2	3
88	Decreased need for sleep	0	1	2	3
Developmental Problems					
89	Has general developmental delay	0	1	2	3
90	Lacks speech or has delayed speech	0	1	2	3
91	Has unusual speech (e.g., monotonous, high pitch)	0	1	2	3
92	Makes poor eye contact with people				
93	Is socially isolated and withdrawn	0	1	2	3
94	Does not enjoy physical contact (e.g., being hugged or cuddled)	0	1	2	3
95	Lacks interest in age-appropriate toys and games	0	1	2	3
96	Insists on sticking to specific non-functional routines and rituals	0	1	2	3
97	Has stereotyped and repetitive motor mannerisms (e.g., hand/arm around, turning objects repeatedly)	0	1	2	3
98	Has inability to understand simple directions or sentences	0	1	2	3
99	Has insistence on sameness and resistance to/or distress over trivial changes (e.g., insists on taking the same route to school, wearing the same things all the time)	0	1	2	3
Problems in Reality Perception					
100	Has disorganized, illogical thoughts that are difficult to understand	0	1	2	3
101	Has unusual speech that cannot be easily understood by others	0	1	2	3
102	Has Inappropriate feeling stated(e.g., laughing when things are sad)	0	1	2	3
103	Feels that he/she is 'crazy'	0	1	2	3
104	Has flattened affect(numbness or inability to experience appropriate feelings)	0	1	2	3
105	Has bizarre thoughts (e.g., having thoughts stolen and/or having thoughts put into min)	0	1	2	2
106	Has paranoid fears of being harmed (e.g., phone being bugged, food being poisoned)	0	1	2	3
107	Has disorganized speech (e.g., using made-up words)	0	1	2	3

Patient's name:

T-CAPS - PART B (continued)

Problems in Reality Perception		Not at all	Just a little	Pretty much	Very much
108	Hears things that are not there	0	1	2	3
109	Sees things that are not there	0	1	2	3
110	Talks to self or imaginary objects/people	0	1	2	3
Problem of Substance Use		0	1	2	3
111	Drinks alcohol	0	1	2	3
112	Smokes cigarettes	0	1	2	3
113	Has used illicit drugs (e.g., marijuana, cocaine)	0	1	2	3
Sleep Problems		0	1	2	3
114	Has difficulty falling asleep	0	1	2	3
115	HAs difficulty staying sleep	0	1	2	3
116	Has abnormal sleeping during the day (e.g., suddenly falling asleep)	0	1	2	3
117	Sleep walks	0	1	2	3
118	Talks in sleep	0	1	2	3
119	Grinds teeth while asleep	0	1	2	3
120	Has nightmares	0	1	2	3
Elimination Problem					
121	Wets bed and/or wets self during the day	0	1	2	3
122	Soils self	0	1	2	3
Tic Problems					
123	Has motor tics (e.g., eye-blinking)				
124	Has vocal tics (e.g., throat-clearing)	0	1	2	3
Eating Problems					
125	Overeats	0	1	2	3
126	Is overweight or obese	0	1	2	3
127	Under eats and/or avoids food	0	1	2	3
128	Obsessed with weigh and/or losing weight (feel he/she is fat when actually not)	0	1	2	3
129	Throws up and/or over-exercises to lose weight	0	1	2	3
130	Engages in binge-eating (e.g., overeats in very short time which may be followed by vomiting)	0	1	2	3
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Other Comments: