

Please do not replicate.

### Child TOP Clinical Scales Form

	All	Most	A lot	Some	A little	None	N/A	
1	<input type="radio"/>	had trouble falling a sleep.						
2	<input type="radio"/>	had nightmares.						
3	<input type="radio"/>	woke up during the night (excluding trips to bathroom).						
4	<input type="radio"/>	had trouble getting back to sleep in the night.						
5	<input type="radio"/>	needed someone (mother/caretaker) nearby in order to fall asleep.						
6	<input type="radio"/>	been slow at completing homework.						
7	<input type="radio"/>	had trouble paying attention in class.						
8	<input type="radio"/>	physically hurt a person or animal.						
9	<input type="radio"/>	had desires to seriously hurt someone.						
10	<input type="radio"/>	had thoughts of killing someone else.						
11	<input type="radio"/>	seriously hurt someone.						
12	<input type="radio"/>	had trouble waiting.						
13	<input type="radio"/>	done what was asked of him/her.						
14	<input type="radio"/>	been able to complete something after complaining that it was boring.						
15	<input type="radio"/>	had trouble standing up for himself/herself.						
16	<input type="radio"/>	been too shy.						
17	<input type="radio"/>	gotten along well with others.						
18	<input type="radio"/>	seemed scared around people.						
19	<input type="radio"/>	eaten a variety of foods (vegetables, fruit, grains, meat...) in the same meal.						
20	<input type="radio"/>	eaten too little.						
21	<input type="radio"/>	been a picky eater.						
22	<input type="radio"/>	had trouble staying still.						
23	<input type="radio"/>	been able to talk but refused to do so.						
24	<input type="radio"/>	had trouble looking people in the eye when talking to them.						
25	<input type="radio"/>	looked to share interests and exciting things with others.						
26	<input type="radio"/>	not wanted to be touched.						
27	<input type="radio"/>	been very distressed when away from mother/caretaker.						
28	<input type="radio"/>	looked down or depressed.						
29	<input type="radio"/>	had little or no interest in things that were enjoyable before.						
30	<input type="radio"/>	been afraid of being alone or did not want to be alone.						
31	<input type="radio"/>	become stuck in a certain mood and been unable to change.						
32	<input type="radio"/>	shown little emotion when you expected some type of reaction.						
33	<input type="radio"/>	thought about killing himself/herself or wished to be dead.						
34	<input type="radio"/>	hurt himself/herself.						
35	<input type="radio"/>	followed rules to your satisfaction.						
36	<input type="radio"/>	done what he/she was asked to do.						
37	<input type="radio"/>	run away.						
38	<input type="radio"/>	had trouble with the police.						
39	<input type="radio"/>	stolen or shoplifted.						
40	<input type="radio"/>	had trouble finishing things.						
41	<input type="radio"/>	lost things.						
42	<input type="radio"/>	wet clothes or the bed.						
43	<input type="radio"/>	soiled underwear.						
44	<input type="radio"/>	been easy to live with.						
45	<input type="radio"/>	seen things that were not there.						
46	<input type="radio"/>	heard things that were not there.						
47	<input type="radio"/>	made inappropriate sexual comments.						
48	<input type="radio"/>	caused you to worry about his/her sexual activity.						

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### Adolescent TOP Clinical Scales Form

	All	Most	A lot	Some	A little	None	
1	<input type="radio"/>	gone on an eating binge					
2	<input type="radio"/>	thought you were too fat even though others said your weight is fine					
3	<input type="radio"/>	purged after eating by using laxatives, water pills, or throwing up					
4	<input type="radio"/>	been too shy					
5	<input type="radio"/>	felt too much conflict with someone					
6	<input type="radio"/>	been emotionally hurt by someone					
7	<input type="radio"/>	felt someone else had too much control over your life					
8	<input type="radio"/>	had trouble falling asleep					
9	<input type="radio"/>	had nightmares					
10	<input type="radio"/>	awakened frequently during the night					
11	<input type="radio"/>	had trouble returning to sleep after awakening in the night					
12	<input type="radio"/>	had conflicts with others at work or school regardless of fault					
13	<input type="radio"/>	missed work or school for any reason					
14	<input type="radio"/>	not been acknowledged for your accomplishments at work or school					
15	<input type="radio"/>	had your performance criticized at work or school					
16	<input type="radio"/>	not been excited about your work or school work					
17	<input type="radio"/>	physically hurt someone else or an animal					
18	<input type="radio"/>	had desires to seriously hurt someone					
19	<input type="radio"/>	had thoughts of killing someone else					
20	<input type="radio"/>	felt that you were going to act on violent thoughts					
21	<input type="radio"/>	had trouble staying still					
22	<input type="radio"/>	had trouble finishing things					
23	<input type="radio"/>	lost things					
24	<input type="radio"/>	had trouble paying attention in class					
25	<input type="radio"/>	been slow at completing homework					
26	<input type="radio"/>	had trouble looking people in the eye when talking to them					
27	<input type="radio"/>	run away					
28	<input type="radio"/>	had trouble with the police					
29	<input type="radio"/>	stolen or shoplifted					
30	<input type="radio"/>	felt down or depressed					
31	<input type="radio"/>	felt little or no interest in most things					
32	<input type="radio"/>	felt guilty					
33	<input type="radio"/>	felt restless					
34	<input type="radio"/>	felt worthless					
35	<input type="radio"/>	felt tired, slowed down, or had little energy					
36	<input type="radio"/>	worried about things					
37	<input type="radio"/>	had trouble concentrating or making decisions					
38	<input type="radio"/>	noticed your thoughts racing ahead					
39	<input type="radio"/>	inflicted pain on yourself					
40	<input type="radio"/>	felt rested after only a few hours of sleep					
41	<input type="radio"/>	thought about killing yourself or wished you were dead					
42	<input type="radio"/>	planned or tried to kill yourself					
43	<input type="radio"/>	felt you were better than other people					
44	<input type="radio"/>	felt on top of the world					
45	<input type="radio"/>	worried that someone might hurt you					
46	<input type="radio"/>	had unwanted thoughts or images					
47	<input type="radio"/>	seen or heard something that was not really there					
48	<input type="radio"/>	felt someone or something was controlling your mind					
49	<input type="radio"/>	spent more time drinking or using drugs than you intended					
50	<input type="radio"/>	neglected school, work, or other responsibilities because of using alcohol or drugs					
51	<input type="radio"/>	felt you wanted or needed to cut down on your drinking or drug use					
52	<input type="radio"/>	had your family, a friend, or anyone else tell you they objected to your alcohol or drug use					
53	<input type="radio"/>	found yourself thinking about a drink or getting high					
54	<input type="radio"/>	used alcohol or drugs to relieve uncomfortable feelings, such as sadness, anger, or boredom					
55	<input type="radio"/>	made inappropriate sexual comments					
56	<input type="radio"/>	caused someone to worry about your sexual activity					
57	<input type="radio"/>	In the past 2 months how often have you had sex or oral sex without a condom?					
58	<input type="radio"/>	In the past 2 months how often have you felt forced to have sex?					