



Please print

For office use only
ID #

Rating
Period #

Days in
Interval:

BRIEF PROBLEM MONITOR-PARENT FORM (BPM-P) FOR AGES 6-18

CHILD'S FULL NAME	First	Middle	Last	CHILD'S GENDER <input type="checkbox"/> Boy <input type="checkbox"/> Girl	CHILD'S AGE	CHILD'S BIRTHDATE Mo. _____ Day _____ Year _____
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COMPLETE THIS FORM BY Mo. _____ Day _____ Year _____ TODAY'S DATE Mo. _____ Day _____ Year _____	THIS FORM FILLED OUT BY (print your name) _____	Your gender: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Other (specify): _____ Your relation to the child: <input type="checkbox"/> Biological Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (specify): _____
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Below is a list of items that describe children and youths. Please rate each item to describe your child *now or within the past _____ days*. Please circle the **2** if the item is **very true** of your child. Circle the **1** if the item is **somewhat true** of your child. If the item is **not true** of your child, circle the **0**. **Please answer all items as well as you can, even if some do not seem to apply to your child.**

0 = Not True (as far as you know)

1 = Somewhat True

2 = Very True

Comments

0	1	2	1. Acts too young for his/her age	_____
0	1	2	2. Argues a lot	_____
0	1	2	3. Fails to finish things he/she starts	_____
0	1	2	4. Can't concentrate, can't pay attention for long	_____
0	1	2	5. Can't sit still, restless, or hyperactive	_____
0	1	2	6. Destroys things belonging to his/her family or others	_____
0	1	2	7. Disobedient at home	_____
0	1	2	8. Disobedient at school	_____
0	1	2	9. Feels worthless or inferior	_____
0	1	2	10. Impulsive or acts without thinking	_____
0	1	2	11. Too fearful or anxious	_____
0	1	2	12. Feels too guilty	_____
0	1	2	13. Self-conscious or easily embarrassed	_____
0	1	2	14. Inattentive or easily distracted	_____
0	1	2	15. Stubborn, sullen, or irritable	_____
0	1	2	16. Temper tantrums or hot temper	_____
0	1	2	17. Threatens people	_____
0	1	2	18. Unhappy, sad, or depressed	_____
0	1	2	19. Worries	_____
			Additional items	
0	1	2	_____	_____
0	1	2	_____	_____
0	1	2	_____	_____

Please be sure you answered all items.