



Go To: [childmentalhealth.ca](http://childmentalhealth.ca)

▶ Click On: Rating Scales > Get Started > I am completing a scale

▶ Your Health Care Provider is: \_\_\_\_\_

▶ Complete the following scales regarding:

Client Initials (first & last): \_\_\_\_ DOB: \_\_\_\_\_ Gender: Male / Female / Gender Diverse

- |   |   |
|---|---|
| <input type="checkbox"/> Adverse Childhood Experiences (ACES)     | <input type="checkbox"/> Child PTSD Symptom Scale (CPSS)              |
| <input type="checkbox"/> Columbia Depression Scale - Parent/Other | <input type="checkbox"/> Columbia Depression Scale - Self             |
| <input type="checkbox"/> Childhood Autism Spectrum Test (CAST)    | <input type="checkbox"/> Difficulties In Emotion Regulation (DERS)    |
| <input type="checkbox"/> Eating Attitudes Test (EAT-26)           | <input type="checkbox"/> Kutcher Adolescent Depression Scale (KADS-6) |
| <input type="checkbox"/> Outburst Monitoring Scale (OMS)          | <input type="checkbox"/> Patient Health Questionnaire (PHQ-9)         |
| <input type="checkbox"/> Pediatric Symptom Checklist (PSC-17)     | <input type="checkbox"/> Screen for Child Anxiety (SCARED)            |
| <input type="checkbox"/> SNAP-IV-26                               | <input type="checkbox"/> SNAP-IV-90                                   |
| <input type="checkbox"/> Vanderbilt                               | <input type="checkbox"/> Vanderbilt Follow-up                         |
| <input type="checkbox"/> WEISS Functional Impairment (WFIRS)      | <input type="checkbox"/> Yale-Brown Obsessive Compulsive Scale        |



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