K-LCM™/P: The NIMH-Child Life Chart Method - *Parent Daily* PROSPECTIVE Ratings

Patient ID ___ ___ ___ -- ___ ___ ___ Patient Initials ___ ___ ___ (F M L) Month _____ Year _____

Protocol Code _____ Clinician Initials ___ ___ ___ (F M L) Blinded Rating? ☐No ☐Yes ☐N/A

Please Check √ **ALL BEHAVIORS AND SYMPTOMS*** Observed in Your Child **THIS MONTH:**

ACTIVATED

- ___ **1** Impulsivity
- ___ **2** Irritability
- ___ **3** Temper tantrums
- ___ **4** Sleeps less than usual
- ___ **5** Hyperactivity
- ___ **6** Increased aggression
- ___ **7** Skips school
- ___ **8** Decreased attention span
- ___ **9** Inappropriate sexual behavior
- ___ **10** Unusually happy and enthusiastic
- ___ **11** Excessively talkative
- ___ **12** Unreasonably and excessively self-confident
- ___ **13** Stealing
- ___ **14** Disregard for authority
- ___ **15** Fighting
- ___ **16** Destruction of property
- ___ **17** Excessive risk taking
- ___ **18** Trouble with the law
- ___ **19** Lack of remorse
- ___ **20** Frequent lying
- ___ **21** Racing thoughts
- ___ **22** Bizarre behavior
- ___ **23** Other: _____
- ___ **24** Other: _____

WITHDRAWN

- ___ **25** Periods of sadness
- ___ **26** Low self-esteem/ sense of worthlessness
- ___ **27** More withdrawn than usual
- ___ **28** Cries more easily than usual
- ___ **29** Unusually clingy and dependent
- ___ **30** Less active and energetic than usual
- ___ **31** Excessive guilt
- ___ **32** More anxious (tense/worried) than usual
- ___ **33** Change in appetite
- ___ **34** Suicidal thinking
- ___ **35** Suicidal gesture
- ___ **36** Serious suicide attempt
- ___ **37** Physical complaints
- ___ **38** Sleeps more than usual
- ___ **39** Obsessive thoughts
- ___ **40** Night terrors
- ___ **41** Does not talk or respond
- ___ **42** Paranoid thinking
- ___ **43** Hearing voices
- ___ **44** Other: _____
- ___ **45** Other: _____

Interventions or Treatments ***(list below)***

For each MEDICATION, please enter the **total dose taken** per day.
For OTHER TREATMENT INTERVENTIONS (e.g., psychotherapy, behavior modification, etc.), please **check the days the treatment was received.**