

OPPOSITIONAL DEFIANT DISORDER SCREENING-
DSM-IV

Patient's name: _____

Date: _____

A1. Does your child have a pattern of negative, hostile or defiant behavior? _____

A2. How long has your child acted like this? _____

A3. Are any of the following behaviors present in your child?

(Please mark all that apply.)

_____ often loses his/her temper

_____ often argues with adults

_____ often actively defies or refuses to comply with adults rules or requests

_____ often deliberately annoys people

_____ often blames others for his or her mistakes or misbehavior

_____ is often touchy or easily annoyed by others

_____ is often angry and resentful

_____ is often spiteful or vindictive

A4. In your opinion, do these behaviors occur more frequently in your child than in other children the same age? _____

B. Have the above behaviors been disturbing your child's ability to make friends or perform well in school or other activities? _____

C. Has your child been treated for or diagnosed with depression, bipolar disorder or other psychotic disorders? _____

(CONDUCT DISORDER SCREENING)

D. Has your child done any of the following?

(Please mark any that apply.)

_____ bullies, threatens, or intimidate others

_____ initiates physical fights

_____ used a weapon to harm others (e.g. bat, brick, knife, bottle, gun)

_____ been physically cruel to people

_____ been physically cruel to animals

_____ stolen while confronting a victim (e.g. purse snatching, armed robbery)

_____ forced someone into sexual activity

_____ deliberately setting fires

_____ deliberately destroyed other's property

_____ broken into someone's house, building, or car

_____ lies to obtain goods or favors (i.e. "cons" others)

_____ has stolen items of nontrivial value from others (e.g. shoplifting, items from friends)

_____ often stays out at night despite parent's permission (before age 13)

_____ has run away from home at least twice

_____ is often truant from school (beginning before age 13)