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ACTIVATED				WITHDRAWN			
___ 1	Impulsivity	___ 13	Stealing	___ 25	Periods of sadness	___ 35	Suicidal gesture
___ 2	Irritability	___ 14	Disregard for authority	___ 26	Low self-esteem/ sense of worthlessness	___ 36	Serious suicide attempt
___ 3	Temper tantrums	___ 15	Fighting	___ 27	More withdrawn than usual	___ 37	Physical complaints
___ 4	Sleeps less than usual	___ 16	Destruction of property	___ 28	Cries more easily than usual	___ 38	Sleeps more than usual
___ 5	Hyperactivity	___ 17	Excessive risk taking	___ 29	Unusually clingy and dependent	___ 39	Obsessive thoughts
___ 6	Increased aggression	___ 18	Trouble with the law	___ 30	Less active and energetic than usual	___ 40	Night terrors
___ 7	Skips school	___ 19	Lack of remorse	___ 31	Excessive guilt	___ 41	Does not talk or respond
___ 8	Decreased attention span	___ 20	Frequent lying	___ 32	More anxious (tense/worried) than usual	___ 42	Paranoid thinking
___ 9	Inappropriate sexual behavior	___ 21	Racing thoughts	___ 33	Change in appetite	___ 43	Hearing voices
___ 10	Unusually happy and enthusiastic	___ 22	Bizarre behavior	___ 34	Suicidal thinking	___ 44	Other: _____
___ 11	Excessively talkative	___ 23	Other: _____			___ 45	Other: _____
___ 12	Unreasonably and excessively self-confident	___ 24	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.**

Days of Month → 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

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Psychosis (√ if Yes)

Hours of Sleep

RATE DEGREE of Dysfunction:

Activated *(IMPULSIVE, AGGRESSIVE)*

SEVERE
HIGH MODERATE
LOW MODERATE
MILD

DYSFUNCTION

SEVERE
HIGH MOD
LOW MOD
MILD

DYSFUNCTION

Days of Month → 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Baseline

MILD
LOW MODERATE
HIGH MODERATE
SEVERE

Withdrawn *(ANXIOUS, DEPRESSED)*

DYSFUNCTION

MILD
LOW MOD
HIGH MOD
SEVERE

DYSFUNCTION

Number of Switches/Day

Life Event Impact (-4 to +4)

Life Events and Predominant Symptoms*

Days of Month → 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31