

	I	II	III	IV	V	VI	TOTAL	
	6-12	8-16	5-14	6-12	8-10	5-10	18-74	<i>Marked</i>
CLINICAL ↑	3-5	5-7	3-4	4-5	6-7	3-4	12-17	<i>Indicated</i>
SUB-CLINICAL ↓	2	3-4	2	2-3	4-5	1-2	9-11	<i>Elevated</i>
	0-1	0-2	0-1	0-1	0-3	0	0-8	<i>Normative</i>

CLINICAL SCALES

I NON-RECIPROCAL	II SOCIAL INSTABILITY	III EMOTIONAL DYSREGULATION / DISTORTED SOCIAL COGNITION	IV DISSOCIATION / TRAUMA SYMPTOMS	V FOOD MAINTENANCE BEHAVIOUR	VI SEXUAL BEHAVIOUR	TOTAL SHORT FORM SCORE (total score = sum of scale scores)
___ 2. Affectionless	___ 1. Craves affection	___ 15. Friends against	___ 22. Dazed	___ 3. Eats secretly	___ 27. Forces / Pressures	___ Scale I
___ 6. Hides feelings	___ 8. Impulsive	___ 17. Startles easily	___ 24. Real or dream?	___ 4. Eats too much	___ 31. Shows genitals	___ Scale II
___ 12. Refuses to talk	___ 9. Precocious	___ 23. Scary thoughts	___ 26. Things aren't real	___ 5. Gorges food	___ 34. Overly preoccupied	___ Scale III
___ 14. Resists comfort	___ 10. Prefers adults	___ 25. Reaction losing friend	___ 28. Panic attacks	___ 7. Hides food	___ 35. Age-inappropriate	___ Scale IV
___ 16. Alone in the world	___ 11. Prefer older youths	___ 32. Reaction to criticism	___ 29. Amnesia	___ 18. Steals food	___ 36. Tries to initiate sex	___ Scale V
___ 21. Withdrawn	___ 13. Strangers as family	___ 33. Life not worth living	___ 30. Head-banging	___ Total V	___ Total VI	___ Scale VI
___ Total I	___ 19. Friendly strangers	___ 37. Uncontrollable rage	___ Total IV			=
	___ 20. Please peers					___ Total Short Form Score
___ Total II	___ Total II	___ Total III				

ACA-SF scores should only be interpreted and reported by qualified child clinicians.

ID:			
Young person's name:			Referral Details:
	Year	Month	Day
Date of Birth:	_____	_____	_____
Date of Assessment:	_____	_____	_____
Age:	_____	_____	_____
Carer's name: (the person who completed the ACA)			
Carer's gender: Female <input type="checkbox"/> Male <input type="checkbox"/>			
Length of time carer has known young person: _____			
Carer's relationship to young person			
<input type="checkbox"/> Birth parent			
<input type="checkbox"/> Step-parent			
<input type="checkbox"/> Grandparent			
<input type="checkbox"/> Other relative			
<input type="checkbox"/> Adoptive parent			
<input type="checkbox"/> Foster parent			
<input type="checkbox"/> Group home staff			
<input type="checkbox"/> Large residential staff			
<input type="checkbox"/> Youth worker			
<input type="checkbox"/> Other (describe): _____			
Young Person's Care Status			
<input type="checkbox"/> Not in care (resides with parents)			
<input type="checkbox"/> Adoption			
<input type="checkbox"/> Kinship care (resides with relatives)			
<input type="checkbox"/> Permanent or long-term foster care			
<input type="checkbox"/> Temporary or short-term foster care			
<input type="checkbox"/> Group or residential care			
<input type="checkbox"/> Other (describe): _____			