



* Boxes show the percentile range for zero scores.

SHORT-FORM CLINICAL SCALES

I	II	III	IV	V	VI	VII	VIII	IX
SEXUAL BEHAVIOUR	PSEUDOMATURE	NON-RECIPROCAL	INDISCRIMINATE	INSECURE	ANXIOUS – DISTRUSTFUL	ABNORMAL PAIN RESPONSE	FOOD MAINTENANCE	SELF-INJURY
<input type="checkbox"/> 35. Describes / Imitates	<input type="checkbox"/> 21. Precocious	<input type="checkbox"/> 2. Avoid eye contact	<input type="checkbox"/> 1. Attention-seeking	<input type="checkbox"/> 4. Clingy	<input type="checkbox"/> 5. Distrusts adults	<input type="checkbox"/> 6. Does not cry	<input type="checkbox"/> 9. Eats too much	<input type="checkbox"/> 33. Bites self
<input type="checkbox"/> 37. Forces / Pressures	<input type="checkbox"/> 22. Prefers adults	<input type="checkbox"/> 7. Doesn't share	<input type="checkbox"/> 3. Changes friends	<input type="checkbox"/> 12. Carer rejection	<input type="checkbox"/> 10. Fears men	<input type="checkbox"/> 19. Laughs if hurt	<input type="checkbox"/> 13. Gorges food	<input type="checkbox"/> 34. Self-injury
<input type="checkbox"/> 40. Age-inappropriate	<input type="checkbox"/> 23. Prefer older kids	<input type="checkbox"/> 8. Affectionless	<input type="checkbox"/> 15. Hugs men	<input type="checkbox"/> 16. Peer rejection	<input type="checkbox"/> 11. Fears bed-time	<input type="checkbox"/> 36. Pain not shown	<input type="checkbox"/> 14. Hides food	<input type="checkbox"/> 39. Head-banging
<input type="checkbox"/> 42. Touches others	<input type="checkbox"/> 28. Independent	<input type="checkbox"/> 18. Non-empathic	<input type="checkbox"/> 24. Strangers as family	<input type="checkbox"/> 25. Insecure	<input type="checkbox"/> 17. Fears harm	<input type="checkbox"/> 44. Won't say if hurt	<input type="checkbox"/> 26. Steals food	<input type="checkbox"/> 41. Threatens self-injury
<input type="checkbox"/> 43. Tries to initiate sex	<input type="checkbox"/> 29. Role reversal	<input type="checkbox"/> 20. Manipulative	<input type="checkbox"/> 27. Friendly strangers	<input type="checkbox"/> 32. Worries for carer	<input type="checkbox"/> 31. Wary or vigilant			
<input type="checkbox"/> 30. Uncaring		<input type="checkbox"/> 38. Panic attacks						
____ Total I	____ Total II	____ Total III	____ Total IV	____ Total V	____ Total VI	____ Total VII	____ Total VIII	____ Total IX

Add scale scores

I ____
 II ____
 III ____
 IV ____
 V ____
 VI ____
 VII ____
 VIII ____
 IX ____
 =

Total Clinical Score
 (Transfer total score to next page)

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ID: _____

Child's Name: _____

Date of Birth: Year Month Day
 _____ _____ _____ _____

Date of Assessment: _____ _____ _____

Age: _____ _____ _____

Carer's name:
 (the person who completed the ACC)

Carer's gender: Female Male

Length of time carer has known child: _____

Carer's relationship to child

Birth parent
 Step-parent
 Grandparent
 Other relative
 Adoptive parent
 Foster parent
 Group home staff
 Large residential staff
 Youth worker
 Other (describe): _____

Care Status

Not in care (resides with parents)
 Adoption
 Kinship care (resides with relatives)
 Permanent or long-term foster care
 Temporary or short-term foster care
 Group or residential care
 Other (describe): _____

Referral Details: _____

Total Clinical Score =		
Raw	T	%ile
<i>Clinical range</i>		
53-88	≥ 72	≥ 99
49-52	71	98
46-48	70	98
39-40	69	97
38	68	96
37	67	96
35-36	66	95
33-34	65	93
31-32	64	92
29-30	63	90
28	62	88
27	61	86
26	60	84
25	59	82
24	58	79
22-23	57	76
21	56	73
20	55	69
18-19	54	66
17	53	62
15-16	52	58
13-14	51	54
<i>Borderline clinical range</i>		
12	50	50
11	49	46
<i>Normal range</i>		
10	48	42
9	47	38
8	46	34
	45	31
7	44	27
6	43	24
5	42	21
	41	18
	40	16
4	39	14
	38	12
3	37	10
	36	8
2	35	7
	34	5
1	33	4
	32	4
	31	3
	30	2
0	29	2
	≤ 28	1