



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