

Guidelines for Medical Charting of Course of Childhood/Adolescent Affective Illness and Response to Treatments:

**The NIMH -K-LCM™/P (The “Kiddie” LCM)
The Child Life Chart Method-Parent Daily PROSPECTIVE Ratings**

Final Version 6-14-2002

To the Parent: Please note that the Adult Self-Version of this form (the LCM-S/P™) includes daily 100mm mood analogue ratings and hours of sleep. The Mood Ratings have been omitted from the K-LCM™/P. The Hours of Sleep have been kept and a Psychosis Rating has been added.

Suggested Steps For Daily Ratings

1. Severity of Symptoms and Behaviors:

Assess how much the child's/adolescent's Activated or Withdrawn Behaviors have affected the ability to function in usual social or educational roles or interactions at home, with peers, or at school. Check the most prominent symptoms and behaviors for the month (see list on other side) and **rate the degree of dysfunction** caused by these symptoms and behaviors **in the Activated and Withdrawn sections of the rating scale.**

ACTIVATED

Please draw a solid line along the dots according to the severity of impairment experienced; use the

*top edge of the box
for activated symptoms*

Severe

family and friends want **child/adolescent** in the hospital; cannot be managed at home.

High Moderate

much feedback and own observation that behavior is out of control, highly unusual, bizarre, excessive.

Low Moderate

some feedback and own observation that behavior is different or unusual; some problems with goal-oriented activities and social interactions.

Mild

very energetic, enhanced functioning or slightly disorganized; happier or more irritable than usual.

NORMAL/USUAL LEVEL OF BEHAVIORS: Draw a line through the dateline in the middle (marked baseline).

WITHDRAWN

Please draw a solid line along the dots according to the severity of impairment experienced; use the

*bottom edge of box
for withdrawn symptoms*

Mild

low mood, might seem a little withdrawn but essentially no impairment in all areas of daily activities.

Low Moderate

some extra effort needed in usual roles, noticeable withdrawal, decrease in many activities.

High Moderate

much extra effort needed; marked difficulty in usual activities, missed days from school.

Severe

largely unable to function in any capacity.

***If HOSPITALIZED for Activated or Withdrawn Symptoms and Behaviors, please blacken in boxes.**

****Please do not draw a line through the middle of a box.****

2. Hours of Sleep:

Rate the approximate number of **hours of sleep** (rounded to the nearest hour) that the child/adolescent had the night before. (Do not count day-time naps.)

3. Psychosis:

Please put check mark in the “Psychosis” box on the other side for any day the child/adolescent seems to exhibit psychotic symptoms such as paranoid thinking, hearing voices, bizarre behaviors, appearing mute and internally preoccupied, others.

K-LCM™/P: Parent Prospective Rating Form

4. Medication:

Please enter the **name and total dose taken per day** in the **Intervention or Treatments Section** on the other side.

If your child participates in any type of therapy or other behavioral interventions, please record these in the same section as indicated on the other side.

5. Number of Switches (if any) between Activated and Withdrawn behaviors:

If behaviors and symptoms changed dramatically in the course of a day, indicate the greatest functional impact of these activated and depressive switches in the appropriate rating sections of the life chart by drawing vertical lines to the appropriate impairment level in the rating sections of the K-LCM

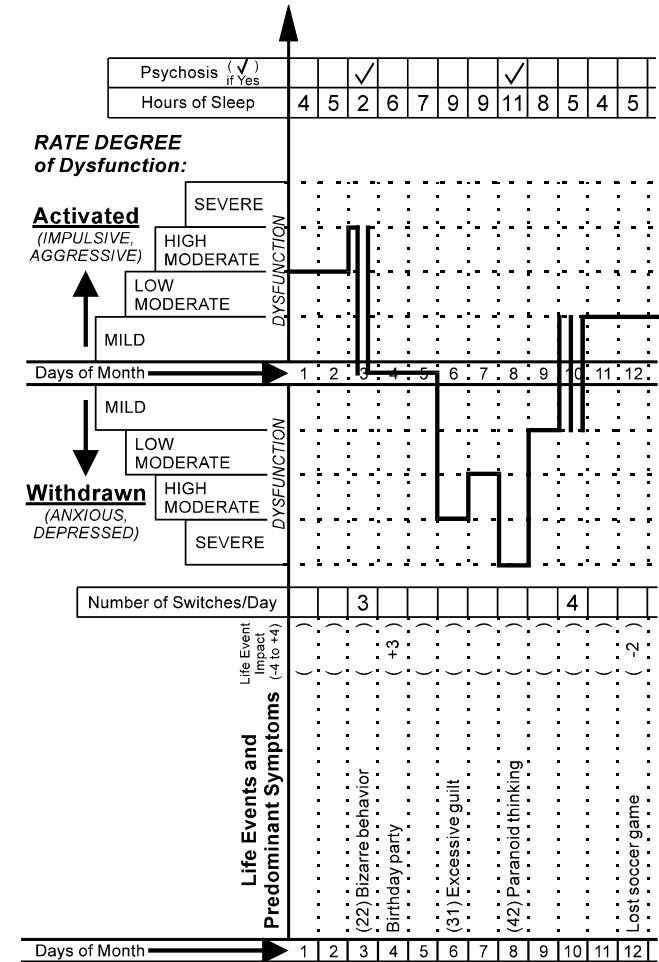
(i.e. how much did the child's most activated and depressive/withdrawn symptoms of the day affect her/his ability to function). Estimate how often the behaviors and symptoms switched in a day and record the approximate number in the "Number of Switches/Day" box on the other side.

6. Important events of the day:

Please record important events (and/or specific behaviors) in the Life Event Section.

Rate the expected impact of each event from extremely positive (+4) to neutral (0) to extremely negative (-4).

(Severity of any recorded behaviors/symptoms would be charted in the activated and withdrawn sections of the life chart.)



This form will only take a few minutes each day and will help you, your child, and health care professional track the course of symptoms and behaviors more effectively and response to any treatment.

Thank you for filling out this form