

PARENTAL CONCERN INVENTORY - Revised

Child's name _____ Date of birth _____
 Form completed by _____ Today's date _____

Please indicate below any concerns you may have had regarding your child during the last year. These will help identify the child's treatment goals.

Rate the severity of those items on a scale of 1 to 5:

Never 1	Rarely 2	Sometimes 3	Often 4	Always 5
<input type="checkbox"/> outbursts of anger	<input type="checkbox"/> bedwetting	<input type="checkbox"/> fighting	<input type="checkbox"/> fidgeting	
<input type="checkbox"/> running away	<input type="checkbox"/> truancy	<input type="checkbox"/> tantrums	<input type="checkbox"/> smoking	
<input type="checkbox"/> social withdrawal	<input type="checkbox"/> defiance	<input type="checkbox"/> nightmares	<input type="checkbox"/> lies	
<input type="checkbox"/> nervousness	<input type="checkbox"/> soiling (feces)	<input type="checkbox"/> irritable mood	<input type="checkbox"/> stealing	
<input type="checkbox"/> cries easily	<input type="checkbox"/> smearing feces	<input type="checkbox"/> depressed	<input type="checkbox"/> fears	
<input type="checkbox"/> drug or alcohol use	<input type="checkbox"/> wets pants	<input type="checkbox"/> moping/sadness	<input type="checkbox"/> swearing	
<input type="checkbox"/> school problems	<input type="checkbox"/> back talking	<input type="checkbox"/> thumb sucking	<input type="checkbox"/> immature	
<input type="checkbox"/> physical aggression	<input type="checkbox"/> rule breaking	<input type="checkbox"/> headaches	<input type="checkbox"/> tics	
<input type="checkbox"/> lack of remorse	<input type="checkbox"/> oppositional	<input type="checkbox"/> stomachaches	<input type="checkbox"/> whining	
<input type="checkbox"/> always moving about	<input type="checkbox"/> loss of appetite	<input type="checkbox"/> weight loss	<input type="checkbox"/> voices	
<input type="checkbox"/> self-destructive	<input type="checkbox"/> head banging	<input type="checkbox"/> masturbation	<input type="checkbox"/> seizures	
<input type="checkbox"/> sex play with peers	<input type="checkbox"/> cruel to animals	<input type="checkbox"/> rude/grumpy	<input type="checkbox"/> stuttering	
<input type="checkbox"/> uncontrolled movements	<input type="checkbox"/> destructive	<input type="checkbox"/> nail biting	<input type="checkbox"/> clingy	
<input type="checkbox"/> few/no friends	<input type="checkbox"/> gang relations	<input type="checkbox"/> poor hygiene	<input type="checkbox"/> fire play	
<input type="checkbox"/> birth control	<input type="checkbox"/> peculiar habits	<input type="checkbox"/> loneliness	<input type="checkbox"/> fire-setting	
<input type="checkbox"/> racing thoughts	<input type="checkbox"/> tests limits	<input type="checkbox"/> hoards objects	<input type="checkbox"/> unfriendly	
<input type="checkbox"/> muscle tension	<input type="checkbox"/> undue worrying	<input type="checkbox"/> restlessness	<input type="checkbox"/> bullying	
<input type="checkbox"/> roaming at night	<input type="checkbox"/> manipulating	<input type="checkbox"/> spaces out	<input type="checkbox"/> graffiti	
<input type="checkbox"/> bizarre stories/delusions	<input type="checkbox"/> appetite increase	<input type="checkbox"/> oversleeping	<input type="checkbox"/> oddities	
<input type="checkbox"/> self-mutilation	<input type="checkbox"/> hallucinations	<input type="checkbox"/> fatigue/tiredness	<input type="checkbox"/> violent	
<input type="checkbox"/> threats of violence	<input type="checkbox"/> low self-esteem	<input type="checkbox"/> difficulty sleeping		
<input type="checkbox"/> reacts negatively to praise	<input type="checkbox"/> thoughts of suicide	<input type="checkbox"/> sleeplessness		
<input type="checkbox"/> disinterest in prior interests	<input type="checkbox"/> drastic behavior changes	<input type="checkbox"/> purging/vomiting		
<input type="checkbox"/> refuses to join family activities	<input type="checkbox"/> poor impulse control	<input type="checkbox"/> night terrors		
<input type="checkbox"/> difficulty making decisions	<input type="checkbox"/> poor concentration	<input type="checkbox"/> interrupting		
<input type="checkbox"/> cross-dressing/undergarments	<input type="checkbox"/> homework problems	<input type="checkbox"/> exposes privates		
<input type="checkbox"/> violation of others' boundaries	<input type="checkbox"/> negative self-statements	<input type="checkbox"/> pornography		
<input type="checkbox"/> feelings of hopelessness	<input type="checkbox"/> feelings of helplessness	<input type="checkbox"/> thrill seeking		
<input type="checkbox"/> excessive sexual interests	<input type="checkbox"/> learning disabilities	<input type="checkbox"/> use of weapons		
<input type="checkbox"/> drop in academic performance	<input type="checkbox"/> slow development	<input type="checkbox"/> speech problems		
<input type="checkbox"/> sexual abuse victim	<input type="checkbox"/> law violations	<input type="checkbox"/> on probation		
<input type="checkbox"/> physical abuse victim	<input type="checkbox"/> difficulty falling asleep	<input type="checkbox"/> chore refusal		
<input type="checkbox"/> witness of domestic violence	<input type="checkbox"/> poor communication	<input type="checkbox"/> plugs toilets		
<input type="checkbox"/> emotionally reactive	<input type="checkbox"/> suicide plan or attempt	<input type="checkbox"/> on medication		

Why is this child being evaluated? _____

PARENTAL CONCERN INVENTORY – Revised

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The Parental Concern Inventory – Revised (PCI-R) is a behavioral symptom checklist useful for therapists, mental health professionals, case managers and probation officers.

Those working with children and teens are able, in a matter of minutes, to identify the behavioral phenomena a child or teen experiences and can use this information to assist in the diagnostic process. The PCI-R can also be used as a comparative baseline for progress during treatment.

A parent, caregiver, or even a teacher can complete the PCI-R in a matter of a few minutes. Additionally, children as young as twelve can complete the PCI-R for him/herself, providing useful self-report information. The person completing the PCI-R simply checkmarks which of the items are or have been of concern, or have been problematic during the recent year. For reassessments purposes, the PCI-R can be completed every three or four months to measure change.

Only professionals trained in diagnostic assessment and in utilization of professional diagnostic manuals for the purposes of assessment, therapeutic treatment, and case management should interpret this form.