

*The
Brief Child and Family
Phone Interview (BCFPI)*

Adolescent Form

Self Report Paper Version

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ADOLESCENT PHONE INTERVIEW (Shaded items are required)

ADOLESCENT	
Name last first	ID NUMBER
Address Street	Date of birth Month day year
city province postal code	Sex male (1) female (2)
Phone	
AGENCY	
Agency Name	Agency dates (record 1, 2 or 3 of:) 1. Referral _____ 2. admission _____ 3. discharge _____
Stage of Service (Circle 1:) Before During After	Date Form Completed:
Consent to contact for follow-up: Yes No	

Please tell us about your concerns and any help that you would like.

**Below are examples of problems which people sometimes have.
Tell us whether each is 'NEVER true', 'SOMETIMES true', or 'OFTEN true' of you.**

<i>Do you notice that you</i>	never (1)	some- times (2)	often (3)	comments
Are easily distracted or have trouble sticking to activities				
Fail to finish things you start				
Have difficulty following directions or instructions				
Are impulsive, or that you act without stopping to think				
Jump from one activity to another				
Fidget				
<i>Do you notice that you.....?</i>	never (1)	some- times (2)	often (3)	comments
Are cranky				
Are defiant, or that you talk back to people				
Blame others for your own mistakes				
Are easily annoyed by others				
Argue a lot with adults				
Are angry and resentful				
<i>Do you</i>	never (1)	some- times (2)	often (3)	comments
Steal things at home				
Destroy things belonging to others				
Damage school or other property				
Have you broken into someone else's house, building, or car				
Do you physically attack people				
Do you use weapons when fighting				
<i>Do you notice that you</i>	never (1)	some- times (2)	often (3)	comments
Worry that something bad will happen to the people you are close to				
Worry about being separated from those you are close to				
Are scared to go to sleep without your parents nearby				
Become overly upset when leaving someone you are close to				
Become overly upset while away from someone you are close to				
Feel sick before being separated from those you are close to				

	never (1)	sometimes (2)	often (3)	comments
<i>Do you notice that you</i> ?				
Worry about doing better at things				
Worry about your past behaviour				
Worry about doing the wrong thing				
Worry about things in the future				
Are afraid of making mistakes				
Are overly anxious to please people				
<i>Do you notice that you</i> ?	never (1)	sometimes (2)	often (3)	comments
Have no interest in your usual activities				
Get no pleasure from your usual activities				
Have trouble enjoying yourself				
Are not as happy as other children				
Feel hopeless				
Are unhappy, sad, or depressed				
<i>Would you say that you.....?</i>	never (1)	sometimes (2)	often (3)	comments
Have lost a lot of weight without trying				
Think about killing yourself				
Deliberately try to hurt or kill yourself				

Tell us how these problems have affected you. Is it 'NONE', 'A LITTLE' OR 'A LOT'?

	none (1)	a little (2)	a lot (3)	comments
How much have you withdrawn or isolated yourself as a result of these problems?				
How much have you been doing things less with other kids as a result of these problems?				
How much has your life become less enjoyable as a result of these problems?				
How much have you been irritable or fighting with friends as a result of these problems?				
How much trouble have you had getting along with your teachers as a result of these problems?				
How much trouble have you had getting along with your parents as a result of these problems?				
How much have you missed school as a result of these problems?				
How much have your grades gone down as a result of these problems?				

We would like to know about some other things that will help us understand your situation better.

These next 4 items inquire about some disturbing things some young people have experienced.

	never (1)	some- times (2)	often (3)	comments
Have you been physically abused?				
Have you been sexually abused?				
Have you experienced physical or emotional discomfort due to neglect?				
Have you witnessed verbal or physical violence amongst the adults who raised you?				

These 3 items inquire about substances that some people use which can be harmful.

	yes (1)	no (2)	comments
Have you ever smoked cigarettes every day for a month or longer?			
Have you ever had three or more drinks of beer, wine or other alcoholic beverage, such as rum, whiskey, etc. at one time? (a drink means one 12 oz. bottle of beer, one 5 oz. glass of wine or 1 ½ oz. shot of liquor)			
Altogether, how many times in the last 6 months did you use drugs without prescription, such as marijuana, amphetamines, barbiturates, cocaine, opiates and psychedelics.	# of times		

This is some general background information.

Who are you presently living with?	
1. Two parents 2. Single parent 3. Other relatives 4. Foster parent(s) 5. Guardian(s) 6. Friends 7. Own place	8. shelter/hostel 9. open custody 10. closed custody 11. treatment facility 12. on the street 13. other _____
What language was used most often in the home where you spent most of your childhood?	
1. English 2. French 3. Italian 4. Polish 5. Punjabi 6. Chinese 7. German 8. Portuguese	9. Ukrainian 10. Spanish 11. Dutch 12. Greek 13. Hungarian 14. Croatian 15. Urdu 16. Khmer (Cambodian) 17. Serbian 18. Slovenian 19. Serbo-Croatian 20. Other _____ (please specify) 21. Ojibway 22. Cree 23. Ojicree
Do you attend school...	At what level do you take all or most of your courses?
1. full time 2. part time 3. temporarily out, own choice 4. temporarily suspended 5. permanently expelled 6. decided to leave school	1. Basic 2. General 3. Advanced 4. OAC 5. N/A
(If applicable.....) Are you working....	(If applicable....) What is your main source of regular income?
1. Full time 2. Part time 3. Employment/training program 4. Unemployed	1. Work 2. Family 3. School or social program 4. None

Have we missed anything important?

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Thank you.