

CDI²™

SELF-REPORT SHORT

Name/ID: _____

Date of Birth: _____

Year Month Day

Age: _____

Grade: _____

Sex: Male Female

Circled one

Today's Date: 6 / 2 / 21

Year Month Day

Kids sometimes have different feelings and ideas.

This form lists the feelings and ideas in groups. From each group of three sentences, pick **one** sentence that describes you best for the **past two weeks**. After you pick a sentence from the first group, go on to the next group.

There is no right or wrong answer. Just pick the sentence that best describes the way you have been recently. Put a mark like this next to your answer. Put the mark in the box next to the sentence that you pick.

Here is an example of how this form works. Try it. Put a mark next to the sentence that describes you best.

Example:

- I read books all the time.
 I read books once in a while.
 I never read books.

Remember, for each group, pick out the sentence that describes you best in the PAST TWO WEEKS.

<p>Item 1</p> <p><input type="checkbox"/> I am sad once in a while. <input checked="" type="checkbox"/> I am sad many times. <input type="checkbox"/> I am sad all the time.</p>	<p>Item 7</p> <p><input type="checkbox"/> I feel cranky all the time. <input checked="" type="checkbox"/> I feel cranky many times. <input type="checkbox"/> I am almost never cranky.</p>
<p>Item 2</p> <p><input type="checkbox"/> Nothing will ever work out for me. <input checked="" type="checkbox"/> I am not sure if things will work out for me. <input type="checkbox"/> Things will work out for me O.K.</p>	<p>Item 8</p> <p><input type="checkbox"/> I cannot make up my mind about things. <input checked="" type="checkbox"/> It is hard to make up my mind about things. <input type="checkbox"/> I make up my mind about things easily.</p>
<p>Item 3</p> <p><input type="checkbox"/> I do most things O.K. <input checked="" type="checkbox"/> I do many things wrong. <input type="checkbox"/> I do everything wrong.</p>	<p>Item 9</p> <p><input checked="" type="checkbox"/> I have to push myself all the time to do my schoolwork. <input type="checkbox"/> I have to push myself many times to do my schoolwork. <input type="checkbox"/> Doing schoolwork is not a big problem.</p>
<p>Item 4</p> <p><input type="checkbox"/> I have fun in many things. <input checked="" type="checkbox"/> I have fun in some things. <input type="checkbox"/> Nothing is fun at all.</p>	<p>Item 10</p> <p><input type="checkbox"/> I am tired once in a while. <input checked="" type="checkbox"/> I am tired many days. <input type="checkbox"/> I am tired all the time.</p>
<p>Item 5</p> <p><input checked="" type="checkbox"/> I am important to my family. <input type="checkbox"/> I am not sure if I am important to my family. <input type="checkbox"/> My family is better off without me.</p>	<p>Item 11</p> <p><input type="checkbox"/> Most days I do not feel like eating. <input type="checkbox"/> Many days I do not feel like eating. <input checked="" type="checkbox"/> I eat pretty well.</p>
<p>Item 6</p> <p><input type="checkbox"/> I hate myself. <input checked="" type="checkbox"/> I do not like myself. <input type="checkbox"/> I like myself.</p>	<p>Item 12</p> <p><input type="checkbox"/> I do not feel alone. <input checked="" type="checkbox"/> I feel alone many times. <input type="checkbox"/> I feel alone all the time.</p>

CDI²TM

SELF-REPORT SHORT
Scoring Page

Name/ID: _____

Date of Birth: _____
Year Month Day

Age: _____ Grade: _____

Sex: Male Female
Circle one

Today's Date: 6 / 2 / 21
Year Month Day

Instructions:

1. Make sure only one box is marked for each item.
2. Add the numbers next to all checked boxes.
3. Write the sum in the **Total Raw Score** box.
4. Transfer the value to the Profile Form on the next page.

Item 1

- 0
- 1
- 2

Item 2

- 2
- 1
- 0

Item 3

- 0
- 1
- 2

Item 4

- 0
- 1
- 2

Item 5

- 0
- 1
- 2

Item 6

- 2
- 1
- 0

Item 7

- 2
- 1
- 0

Item 8

- 2
- 1
- 0

Item 9

- 2
- 1
- 0

Item 10

- 0
- 1
- 2

Item 11

- 2
- 1
- 0

Item 12

- 0
- 1
- 2

TOTAL RAW SCORE
11

CDI²
SELF-REPORT SHORT
Profile

Name/ID: _____

Date of Birth: ____/____/____
Year Month Day

Age: ____ Grade: ____ Sex: Male Female
Circle one

Today's Date: ____/____/____
Year Month Day

Instructions:

1. Circle the Total Raw Score from the Scoring Page under the appropriate sex and age column.
2. Follow the row across to find the corresponding *T*-score and classification.
3. Transfer the *T*-score to the box on the bottom of the page.

<i>T</i>	Females		Total	Males		<i>T</i>	
	7-12	13-17	Classification	7-12	13-17		
	7-12	13-17		7-12	13-17		
90+	13+	19+	Very Elevated	15+	15+	90+	
89							89
88		18			14	14	88
87	12						87
86							86
85		17				13	85
84					13		84
83	11						83
82		16					82
81					12	12	81
80		15					80
79	10						79
78					11	11	78
77		14					77
76							76
75	9						75
74		13			10	10	74
73							73
72		12				72	
71	8			9	9	71	
70						70	
69			Elevated			69	
68							68
67	7				8	8	67
66		10				66	
65			High Average			65	
64		9			7	7	64
63	6						63
62							62
61		8		6		61	
60	5				6	60	
59			Average or Lower			59	
58		7					58
57					5	5	57
56	4	6					56
55							55
54					4		54
53		5				4	53
52	3						52
51							51
50		4			3	3	50
49						49	
48	2	3				48	
47				2		47	
46					2	46	
45		2				45	
44	1			1		44	
43		1			1	43	
42						42	
41						41	
≤40	0	0		0	0	≤40	

T =