

Supplementary Material for Blader et al., Stepped treatment for ADHD and aggressive behavior: A randomized, controlled trial of adjunctive risperidone, divalproex sodium, or placebo after stimulant medication optimization. *J Am Acad Child Adolesc Psychiatry*

Patient ID

Visit Type

Date

Retrospective-Modified Overt Aggression Scale - P

1. Site 2. Child's PCP or psychiatrist 3. Proxima Clinician

4. Child's First Name 5. Child's Last Name

6. Date of Birth / / 7. Sex F M 8. Age 9. Your Relationship to Child:
 Mother Other Family Member ..
 Father Foster Parent
 Grandparent Other Non-Family ...
 Agency Staff

Instructions: These questions focus on difficulties with emotions and behavior. Please indicate how many times each of these behaviors occurred in the PAST WEEK.

Verbal Incidents:

0 - 1 times 2 - 4 times 5 or more times

1. How many times did your child <i>shout angrily, curse, or insult people</i> but then stopped quickly?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How many times did your child <i>shout angrily, curse, or insult people</i> in a repetitive, out-of-control way during episodes that lasted <u>less than five minutes</u> ?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How many times did your child <i>shout angrily, curse, or insult people</i> in a repetitive, out-of-control way during episodes that lasted <u>more than five minutes</u> ?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How many times did your child <i>threaten to hurt someone</i> ?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Other verbal incidents (Please describe):	<hr/> <hr/>		

Incidents Toward Other People:

None 1 - 2 times 3 - 4 times 5 or more times

1. How many times did your child act like he/she was <i>about to hit</i> somebody or <i>took a swing at someone</i> without actually hitting another person?....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How many times did your child <i>hit someone</i> with hands or an object, <i>kick, push, scratch</i> or <i>pull hair</i> , <u>without causing real injury</u> ?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How many times did your child do any of the things in Item 2 <u>and caused some mild injury</u> (bruises, sprains, welts, etc.)?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How many times did your child do any of the things in Item 2 <u>and caused serious injury</u> (fracture, lost tooth, loss of consciousness, etc.)?....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Other incidents toward other people (Please describe):	<hr/> <hr/>			

Incidents Involving Property:

	<u>None</u>	<u>1 - 2 times</u>	<u>3 - 4 times</u>	<u>5 or more times</u>
1. How many times did your child <i>slam a door or cabinet, rip clothing, or knock something over</i> in anger?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How many times did your child <i>throw things down, kick furniture, or otherwise misuse things angrily</i> but did not break them?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How many times did your child <i>break things, smash windows, or damage or deface property</i> on purpose?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How many times did your child <i>set a fire or throw things at people</i> in order to hurt them?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Other incidents involving property (Please describe):				

Incidents Directed Toward Self:

	<u>None</u>	<u>1 - 2 times</u>	<u>3 - 4 times</u>	<u>5 or more times</u>
1. How many times did your child <i>pick at or scratch</i> his or her skin, <i>pull out hair, or hit himself or herself</i> while upset or angry?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How many times did your child <i>bang his or her head, hit his or her fists into the wall, or throw himself or herself</i> on the floor?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How many times did your child <i>cut, bruise, or burn himself or herself</i> on purpose?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How many times did your child <i>severely injure himself or herself, or tried to kill himself or herself</i> ?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Other incidents in which your child acted harmfully toward himself or herself (Please describe):				

For further info about use contact:

Joseph Blader, PhD
University of Texas Health Science Center at San Antonio
blader@uthscsa.edu

Staff Use:

VE.....

PH...

PR.....

SE.....

Total.....

Patient ID

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Visit Type

Date

Retrospective-Modified Overt Aggression Scale - P

1. Site	2. Child's PCP or psychiatrist	3. Proxima Clinician
4. Child's First Name	5. Child's Last Name	
6. Date of Birth	7. Sex	8. Age
	<input type="radio"/> F <input type="radio"/> M	
9. Your Relationship to Child:		
Mother <input type="radio"/> Other Family Member .. <input type="radio"/> Father <input type="radio"/> Foster Parent <input type="radio"/> Grandparent <input type="radio"/> Other Non-Family ... <input type="radio"/> Agency Staff <input type="radio"/>		

Instructions: These questions focus on difficulties with emotions and behavior. Please indicate how many times each of these behaviors occurred in the PAST WEEK.

Verbal Incidents:

0 - 1 times 2 - 4 times 5 or more times

1. How many times did your child <i>shout angrily, curse, or insult people</i> but then stopped quickly?.....	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
2. How many times did your child <i>shout angrily, curse, or insult people</i> in a repetitive, out-of-control way during episodes that lasted <u>less than five minutes</u> ?.....	<input type="radio"/> 0	<input type="radio"/> 2	<input type="radio"/> 4
3. How many times did your child <i>shout angrily, curse, or insult people</i> in a repetitive, out-of-control way during episodes that lasted <u>more than five minutes</u> ?.....	<input type="radio"/> 0	<input type="radio"/> 3	<input type="radio"/> 6
4. How many times did your child <i>threaten to hurt someone</i> ?.....	<input type="radio"/> 0	<input type="radio"/> 4	<input type="radio"/> 8
5. Other verbal incidents (Please describe): _____ _____			

Incidents Toward Other People:

None 1 - 2 times 3 - 4 times 5 or more times

1. How many times did your child act like he/she was <i>about to hit</i> somebody or <i>took a swing at someone</i> without actually hitting another person?....	<input type="radio"/> 0	<input type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 12
2. How many times did your child <i>hit someone</i> with hands or an object, <i>kick, push, scratch</i> or <i>pull hair, without causing real injury</i> ?.....	<input type="radio"/> 0	<input type="radio"/> 8	<input type="radio"/> 16	<input type="radio"/> 24
3. How many times did your child do any of the things in Item 2 <u>and caused some mild injury</u> (bruises, sprains, welts, etc.)?.....	<input type="radio"/> 0	<input type="radio"/> 12	<input type="radio"/> 24	<input type="radio"/> 36
4. How many times did your child do any of the things in Item 2 <u>and caused serious injury</u> (fracture, lost tooth, loss of consciousness, etc.)?....	<input type="radio"/> 0	<input type="radio"/> 16	<input type="radio"/> 32	<input type="radio"/> 48
5. Other incidents toward other people (Please describe): _____ _____				

Incidents Involving Property:

	None	1 - 2 times	3 - 4 times	5 or more times
1. How many times did your child <i>slam a door or cabinet, rip clothing, or knock something over</i> in anger?.....	<input type="radio"/> 0	<input type="radio"/> 2	<input type="radio"/> 4	<input type="radio"/> 6
2. How many times did your child <i>throw things down, kick furniture, or otherwise misuse things angrily</i> but did not break them?.....	<input type="radio"/> 0	<input type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 12
3. How many times did your child <i>break things, smash windows, or damage or deface property</i> on purpose?.....	<input type="radio"/> 0	<input type="radio"/> 6	<input type="radio"/> 12	<input type="radio"/> 18
4. How many times did your child <i>set a fire or throw things at people</i> in order to hurt them?.....	<input type="radio"/> 0	<input type="radio"/> 8	<input type="radio"/> 16	<input type="radio"/> 24
5. Other incidents involving property (Please describe):				

Incidents Directed Toward Self:

	None	1 - 2 times	3 - 4 times	5 or more times
1. How many times did your child <i>pick at or scratch</i> his or her skin, <i>pull out hair</i> , or <i>hit himself or herself</i> while upset or angry?.....	<input type="radio"/> 0	<input type="radio"/> 3	<input type="radio"/> 6	<input type="radio"/> 9
2. How many times did your child <i>bang his or her head, hit his or her fists into the wall, or throw himself or herself</i> on the floor?.....	<input type="radio"/> 0	<input type="radio"/> 6	<input type="radio"/> 12	<input type="radio"/> 18
3. How many times did your child <i>cut, bruise, or burn</i> himself or herself on purpose?.....	<input type="radio"/> 0	<input type="radio"/> 9	<input type="radio"/> 18	<input type="radio"/> 27
4. How many times did your child <i>severely injure</i> himself or herself, or <i>tried to kill</i> himself or herself?.....	<input type="radio"/> 0	<input type="radio"/> 12	<input type="radio"/> 24	<input type="radio"/> 36
5. Other incidents in which your child acted harmfully toward himself or herself (Please describe):				

Staff Use:

VE.....

PH...

PR.....

SE.....

Total.....