Sticker here

Please comment on how often you see the following in your child's behavior	Never	Occasionally	Often	Very Often
1. Is sad, unhappy, or depressed	☐	☐	☐	☐
2. Has a lot less interest in, or “fun” doing enjoyable activities	☐	☐	☐	☐
3. Change in appetite or weight	☐	☐	☐	☐
4. Change in sleep pattern or difficluty sleeping	☐	☐	☐	☐
5. Change in activity level including fatigue or agitation	☐	☐	☐	☐
6. Negative self-statements or other signs of poor self esteem	☐	☐	☐	☐
7. Thoughts about self-harm, suicide or death	☐	☐	☐	☐
8. Is fearful, anxious, or worried	☐	☐	☐	☐
9. Unable to enjoyable activities because of fears	☐	☐	☐	☐
10. Is afraid to try new things for fear of making mistakes	☐	☐	☐	☐
11. Excessive anxiety concerning separation from home or from caregivers	☐	☐	☐	☐
12. Persistent or excessive worry about loss of (or harm to) caregivers	☐	☐	☐	☐
13. Repeated complaints of physical symptoms like stomach ache or headache	☐	☐	☐	☐
14. Consistent or troubling perfectionism, repetition or obsessions	☐	☐	☐	☐
15. Worry about new situations or transitions	☐	☐	☐	☐
16. Experiences panic attacks	☐	☐	☐	☐
17. Easily annoyed or “touchy”	☐	☐	☐	☐
18. Disrespectful or defiant towards authority figures	☐	☐	☐	☐
19. Blames others for misbehavior or mistakes	☐	☐	☐	☐
20. Harming pets or animals	☐	☐	☐	☐
21. Playing with or setting fires or any other acts of property destruction	☐	☐	☐	☐
22. Frequent violations of the rules	☐	☐	☐	☐
23. Use of obscene language	☐	☐	☐	☐
24. Difficulty giving or receiving comfort from caregivers	☐	☐	☐	☐
25. Emotionally withdrawn behavior	☐	☐	☐	☐
26. Difficulty in developing or maintaining friendships	☐	☐	☐	☐
27. Trouble with conversations	☐	☐	☐	☐
28. Poor eye contact when talking	☐	☐	☐	☐
29. Problems with speech in the past	☐	☐	☐	☐
30. Repetitive behaviors like repeating phrases	☐	☐	☐	☐
31. Insistence on sameness or inflexibility about routines	☐	☐	☐	☐
32. Sensitivity to outside stimuli	☐	☐	☐	☐

	Never	Occasionally	Often	Very Often
33. Being abnormally or inappropriately happy for periods of time	☐	☐	☐	☐
34. Overly focused on a goal or task	☐	☐	☐	☐
35. Inflated self esteem	☐	☐	☐	☐
36. Needing much less sleep than normal	☐	☐	☐	☐
37. Talking excessively	☐	☐	☐	☐
38. Abnormal or bizarre thoughts	☐	☐	☐	☐
39. Hearing voices or seeing things that are not there	☐	☐	☐	☐
40. Outbursts of anger that are out of proportion to the situation	☐	☐	☐	☐
41. Temper outbursts that are not consistent with others your child's age	☐	☐	☐	☐
42. Persistently irritable mood	☐	☐	☐	☐

	Yes	No
43. History of use of alcohol or drugs	☐	☐
44. Use of other substances that would change mood or cause a high	☐	☐
45. Possession of drug paraphernalia	☐	☐
46. Increasing isolation from family or friends	☐	☐
47. Change in social group	☐	☐
48.Trouble making friends	☐	☐
49.Trouble maintaining friendships	☐	☐

Do you see your child display any of the following symptoms?	Yes	No
Poor eye contact	☐	☐
Flapping hands or biting hands	☐	☐
Cluttered or bursting speech pattern	☐	☐
Large ears	☐	☐
Motor skill delay	☐	☐
Nervousness	☐	☐
Difficulty tolerating heat or cold	☐	☐
Excessive sweating	☐	☐
Rapid heart rate	☐	☐
Increased appetite	☐	☐
Short height	☐	☐
Low energy level	☐	☐
Increasing sleepiness	☐	☐
Brittle and slow growing hair	☐	☐

Is there a family history of ADHD or other behavioral/ emotional problems?	☐	☐
Is there a family history of abuse, incarceration or alcohol/drug abuse?	☐	☐

Please provide details:

Does your child have a history of any of the following?	Yes	No
Birth before due date	☐	☐
Complications during the delivery	☐	☐
Mother used alcohol at any point during pregnancy	☐	☐
Problems with development from birth to 5 years of age	☐	☐
Problems with growth from birth to 5 years of age	☐	☐
Small or large head size as a baby	☐	☐
Hearing problems	☐	☐
Vision problems	☐	☐
Speech problems	☐	☐
Concerns about lead exposure	☐	☐
Living in city or by a highway	☐	☐
Living or staying in a house built before 1978	☐	☐
Living with someone who works with lead at the job or at home	☐	☐
Chronic illness	☐	☐
Anemia, low blood counts or low iron level	☐	☐
Birth marks	☐	☐
Seizures	☐	☐
Tics, twitches, repetitive movements, or vocalizations	☐	☐
Staring spells	☐	☐
Significant head injury or concussion	☐	☐
Ingestion of a poison	☐	☐
History of heart problems of any sort	☐	☐
Family history of heart rhythm problems or sudden death at a young age?	☐	☐
Problems urinating	☐	☐
Problems stooling	☐	☐

School Questions (if your answer is yes to any of these questions please explain below.)

What grade is your child in currently? _____

When did teacher first note problems in school? _____

	Yes	No
Are problems with paying attention or hyperactivity interfering with learning?	☐	☐
Do the problems seem to affect all subject areas equally?	☐	☐

Has your child been suspended or expelled from school?	☐	☐
Does your child get frustrated with school?	☐	☐
Have you or the teachers tried any interventions to help your child?	☐	☐
Has your child changed schools?	☐	☐

Home Questions (if your answer is yes to any of these questions please explain below.)

	Yes	No
Does your child have homework?	☐	☐
If so, is this difficult for them?	☐	☐
Does your child have problems with paying attention in settings other than school?	☐	☐
Does your child have problems completing tasks at home	☐	☐

Please provide any other information you might think is helpful here: