



Parent - Please mark under the heading that best fits your child:
(Ages 4 to 18 years)

| | NEVER | SOMETIMES | OFTEN |
|-----------------------------------------------------|-------|-----------|-------|
| 1. Complains of aches or pains | () | () | () |
| 2. Spends more time alone | () | () | () |
| 3. Tires easily, little energy | () | () | () |
| 4. Fidgety, unable to sit still | () | () | () |
| 5. Has trouble with a teacher | () | () | () |
| 6. Less interested in school | () | () | () |
| 7. Acts as if driven by a motor | () | () | () |
| 8. Daydreams too much | () | () | () |
| 9. Distracted easily | () | () | () |
| 10. Is afraid of new situations | () | () | () |
| 11. Feels sad, unhappy | () | () | () |
| 12. Is irritable, angry | () | () | () |
| 13. Feels hopeless | () | () | () |
| 14. Has trouble concentrating | () | () | () |
| 15. Less interest in friends | () | () | () |
| 16. Fights with other children | () | () | () |
| 17. Absent from school | () | () | () |
| 18. School grades dropping | () | () | () |
| 19. Is down on him or herself | () | () | () |
| 20. Visits doctor with doctor finding nothing wrong | () | () | () |
| 21. Has trouble sleeping | () | () | () |
| 22. Worries a lot | () | () | () |
| 23. Wants to be with you more than before | () | () | () |
| 24. Feels he or she is bad | () | () | () |
| 25. Takes unnecessary risks | () | () | () |
| 26. Gets hurt frequently | () | () | () |
| 27. Seems to be having less fun | () | () | () |
| 28. Acts younger than children his or her age | () | () | () |
| 29. Does not listen to rules | () | () | () |
| 30. Does not show feelings | () | () | () |
| 31. Does not understand other people's feelings | () | () | () |
| 32. Teases others | () | () | () |
| 33. Blames others for his or her troubles | () | () | () |
| 34. Takes things that do not belong to him or her | () | () | () |
| 35. Refuses to share | () | () | () |

| | |
|-----------------|------------|
| Account Number: | |
| Age: | DOB: |
| Phone: | PC: |
| Date: | Clinician: |

Clinician Initials: _____
Date: _____