

# Ages 11-18

Name:

DOB: / /

Today's Date: / /

Dear Parents/Adolescents:

Thank you for completing this questionnaire. Its purpose is not to diagnose any specific diseases, but rather, to help identify any behavioral concerns that should be discussed with your pediatrician.

Thank you for your understanding,

Laurelwood Pediatrics

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Please mark under the heading that best describes you:

		Never	Sometimes	Often
1.	Complains of aches and pains			
2.	Spends more time alone			
3.	Tires easily, has little energy			
4.	Fidgety, unable to sit still			
5.	Has trouble with teacher			
6.	Less interested in school			
7.	Acts as if driven by a motor			
8.	Daydreams too much			
9.	Distracted easily			
10.	Are afraid of new situations			
11.	Feels sad, unhappy			
12.	Are irritable, angry			
13.	Feels hopeless			
14.	Have trouble concentrating			
15.	Less interested in friends			
16.	Fights with other children			
17.	Absent from school			
18.	School grades dropping			
19.	Down on yourself			
20.	Visit the doctor with doctor finding nothing wrong			
21.	Have trouble sleeping			
22.	Worries a lot			
23.	Wants to be with parent more than before			
24.	Feels that you are bad			
25.	Takes unnecessary risks			
26.	Get hurt frequently			
27.	Seem to be having less fun			
28.	Acts younger than children your age			
29.	Do not listen to rules			
30.	Do not show feelings			
31.	Do not understand other people's feelings			
32.	Teases others			
33.	Blames others for your troubles			
34.	Takes things that do not belong to you			
35.	Refuses to share			

Completed by: \_\_\_\_\_