

Ages 5-10

Name:

DOB: / /

Today's Date: / /

Dear Parents:

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

Thank you for your understanding,

Laurelwood Pediatrics

Please mark under the heading that best describes your child:

		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 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 interested in friends			
16.	Fights with other children			
17.	Absent from school			
18.	School grades dropping			
19.	Is down on him/herself			
20.	Visits the 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/she is bad			
25.	Takes unnecessary risks			
26.	Gets hurt frequently			
27.	Seems to be having less fun			
28.	Acts younger than child his or her age			
29.	Does not listen to rules			
30.	Does not show feelings			
31.	Does not understand others peoples'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			

Does your child have any emotional or behavioral problems for which he or she needs help? _____

Are there any services that you would like your child to receive for these problems? _____