



## Questionnaire for Ages 5-18

**Patient's Name:**

**Date Of Birth:**

**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 concerns regarding your child that should be discussed with your pediatrician.

Laurelwood Pediatrics

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Please mark under the heading that best describes your child:

		Never	Sometimes	Often
1.	Fidgety, unable to sit still			
2.	Feels sad			
3.	Daydreams too much			
4.	Refuses to share			
5.	Does not understand other people's feelings			
6.	Feels hopeless			
7.	Has trouble concentrating			
8.	Fights with other children			
9.	Is down on him/herself			
10.	Blames others for his/her troubles			
11.	Seems to be having less fun			
12.	Does not listen to rules			
13.	Acts as if driven by a motor			
14.	Teases others			
15.	Worries a lot			
16.	Takes things that do not belong to him/her			
17.	Distracted easily			
18.	Has trouble sleeping			

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

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

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