

Quality Life

CHILD PACKET

Confidential Family Questionnaire

I GENERAL INFORMATION

Child's Name: _____ Sex: ____ Identified Gender: _____ Age ____

Date of Birth: _____

Address: _____

Phone: _____

Parent 1 - Name: _____ -

If not natural parent, give relationship: _____

Address (if different from above) _____

Parent 2 - Name: _____

If not natural parent, give relationship: _____

Address (if different from above) _____

If not presently with the child, please give whereabouts of biological father and mother:

Father: _____ Mother: _____

Parents are: _____ Married _____ Divorced
_____ Separated _____ Living together

Legal custodian of child, if other than natural parent(s): _____

Referring person or agency: _____

Address: _____

Name(s) of person(s) completing this form: _____

Relationship to child: _____

II CHILD'S CURRENT PROBLEMS AND THEIR HISTORY:

1. Describe the child's current problem(s) (medical, behavioral, emotional)

- a. _____
- b. _____
- c. _____
- d. _____

2. When did the current problem(s) start or when did you first notice them? _____

1. What do you think is the cause of the current problem(s) ? _____

2. Describe your child's strengths and weakness

STRENGTHS:

- ☐ athletic ☐ physical health ☐ sense of humor
☐ sociable ☐ social support ☐ housing situation
☐ intelligent ☐ family support ☐ problem solving skills
☐ caring ☐ follow rules ☐ school/work functioning
☐ confident ☐ communicate well

Comments:

WEAKNESSES:

- ☐ shy ☐ argumentative ☐ social support
☐ angry ☐ frightens easily ☐ family support
☐ impulsive ☐ physical health ☐ problem solving skills
☐ impatient ☐ cognitive/intellect ☐ work functioning
☐ housing situation

Comments:

III CHILD'S EDUCATION

1. School your child is presently attending: _____

Locations: _____ Grade Completed _____

2. Other school attended by your child and approximate date of attendance:

3. Child's academic strengths: _____

4. Child's academic weaknesses or problems: _____

5. Child's behavior problems in school: _____

6. Please check what you feel best describes your child in the following areas:

	Above Average	Average	Below Average
Grades:	_____	_____	_____
Ability:	_____	_____	_____
Attendance:	_____	Usually Present	
	_____	Often absent with excuse	
	_____	Truant	
Relations with peers:	_____	Excellent	
	_____	Usually gets along	
	_____	Problems	
Relations with teachers:	_____	Excellent	
	_____	Usually gets along	
	_____	Problems	

IV CHILD'S DEVELOPMENT

A. Pregnancy (Place a question mark (?) on the "yes" line if you do not know)

	Yes	No
1. Was this pregnancy:		
Planned?	_____	_____
Desired by mother?	_____	_____
Desired by father?	_____	_____
Of normal duration? If no, give	_____	_____
Duration _____ months		
2. Check problems during pregnancy:		
	Yes	No
High blood pressure	_____	_____
Low blood pressure	_____	_____
Sugar in the urine	_____	_____
Protein in the urine	_____	_____
Bleeding or spotting	_____	_____
High fever	_____	_____
Cold blisters on lips	_____	_____
German (3 day) measles	_____	_____
Rh problems	_____	_____
Other problems (specify)	_____	_____

	Yes	No
3. During the course of the pregnancy:		

Did you take any medications? If yes, what kind/how long?	_____	_____

Did you smoke cigarettes? If yes, how many/day?	_____	_____
Did you drink alcohol? If yes, give details	_____	_____

Were you dependent on or Taking drugs? If yes, give details	_____	_____

Did you have x-rays? If yes, when During pregnancy and how many?	_____	_____

4. What month in your pregnancy did you start seeing the doctor regularly?

B. Delivery (Place a question mark (?) on the "yes" line if you do not know)

	Yes	No
1. Was labor unusually long: If yes, how many hours?	_____	_____
2. Was delivery aided by forceps Or vacuum?	_____	_____
3. Was your child born by C-section?	_____	_____
4. Was more than one baby born?	_____	_____
5. Was child blue at birth?	_____	_____
6. Was child yellow (jaundiced) During first week?	_____	_____
7. Was child administered oxygen At birth?	_____	_____
8. Was child placed in an incubator?	_____	_____
9. Was anything other than above Wrong with the baby? If yes Give details:	_____	_____
10. Did the mother have any problems During or immediately after delivery? If yes, give details:	_____	_____
11. What was child's weight at birth?	_____	
12. What was child's length at birth?	_____	

13. How long did you stay in the hospital? _____

14. How long did your baby stay in the hospital? _____

C. Early development (Place question mark (?) in the "yes" line if you do not know)

1. How old was your child when he/she:

a. Established eye contact with someone _____

b. Said first words _____

c. Said first sentence _____

d. Was bladder trained during the day _____

e. Was bladder trained during the night _____

f. Was bowel trained _____

2. Has your child sought any sexual information from parents? ☐ Y ☐ N

If yes, describe nature of questions and how you handled them: _____

3. Has your child started developing sexual characteristics? ☐ Y ☐ N

If yes, age of onset: _____

For girls: date of first menstrual period: _____

Cramps or other physical discomfort? ☐ Y ☐ N

If yes, please describe: _____

What was her attitude toward menstruation? _____

_____ 4.

Has onset of puberty appeared to cause any difficulties for your child?

☐ Y ☐ N

If yes, give details: _____

5. Has your child ever behaved or talked in a way that was not appropriate for a girl/boy of her/his age? ☐ Y ☐ N

If yes, give details: _____

Nature of behavior: _____

Age of child at the time: _____ Who noticed the behavior? _____

What was done about it? _____

D 1. Regarding the child's interactions with others:

	YES	NO	IS IT A PROBLEM?
Is the child usually a loner?			
Does the child prefer younger children?			
Does the child prefer older children?			

Does the child prefer adults?			
Does the child usually avoid situations in which he/she would be a follower?			
Does the child usually avoid situations in which he/she would be a leader?			
Does the child have frequent fights with adults?			
Does the child have frequent fights with peers?			
Does the child have frequent fights with siblings?			

IF YOUR Child HAD 3 WISHES ABOUT ANY CHANGES IN YOURSELF, SCHOOL, WORK, FAMILY, WHAT WOULD THEY BE:

1.

2.

3.

Psychiatric History

1

Psychiatric Hospitalizations

Where	Dates	Reason

Outpatient Services/Therapy

Where and with whom?	Dates	Reason	Did you find this helpful?

Neuropsych/Psychological Testing

Where	Tests Performed	Outcome/Diagnosis

Medication History

2

Medication	Took Previously	On Currently	Current Dosage	Reason for Taking
Antidepressants				
Amitriptyline/Elavil				
Bupropion/Wellbutrin				
Citalopram/Celexa				
Desipramine/Norpramin				
Desvelafaxine/Pristiq				
Duloxetine/Cymbalta				
Escitalopram/Lexapro				
Fluoxetine/Prozac				
Fluvoxamine/Luvox				
Levomilnacipran/Fetzima				
Imipramine/Norpramin				
Mirtazapine/Remeron				
Nortriptyline/Pamelor				
Paroxetine/Paxil				
Sertraline/Zoloft				
Trazodone/Desyrel				
Venlafaxine/Effexor				
Vilazodone/Viibryd				
Vortioxetine/Trintellix				
Other				
Other				
Atypical/Mood Stabilizers				
Ariprazole/Abilify				
Asenapine/Saphris				
Brexiprazole/Rexulti				
Clozapine/Clozaril				
Haloperdol/Haldol				

Lurasidone/Latuda				
Olanzapine/Zyprexa				
Paliperidone/Invega				
Quetiapine/Seroquel				
Risperdone/Risperdal				
Ziprasidone/Geodon				
Other				
Other				
Anti-epileptic/Mood Stabilizers				
Carbamazepine/Tegretol				
Gabapentin/Neurontin				
Lamotrigine/Lamictal				
Levetiracetam/Keppra				
Oxcarbazepine/Trileptal				
Topiramate/Topomax				
Valproate/Depakote				
Lithium				
Other				
Other				
Anti-Anxiety Medications				
Alprazolam/Xanax				
Buspirone/Buspar				
Clonazepam/Klonopin				
Diazepam/Valium				
Hydroxyzine/Vistaril				
Lorazepam/Ativan				
Other				
Other				
Sleep Aids				
Eszopiclone/Lunesta				
Ramelteon/Rozarem				

Temazepam/Restoril				
Zaleplon/Sonata				
Zolpidem/Ambien				
Other				
Other				
Alcohol/Sub Abuse Treatment				
Acamprosate/Campral				
Disulfiram/Antabuse				
Naltrexone/Revia				
Other				
Other				
Medications	Took Previously	Taking Currently	Current Dosage	Reason For Taking
ADHD Medications				
Amphetamine/Adderall/Dexadrine				
Atomoxetine/Strattera				
Clonidine/Kapvay				
Guanfacine/Intuniv/Tenex				
Lisdexampfetamine/Vyvanse				
Methylphenidate/Ritalin/Concert/Focalin				
Other				
Other				
MISC Medications				
Armodafinil/Nuvigil				
Modafinil/Provigil				
Propranolol/Inderal				
Other				



The Child Bipolar Questionnaire - Version 2.0

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Please complete the following survey. All fields are required except where noted.

Instructions:

My child has and/or had the following symptoms and/or behaviors. You may have noticed a behavior as far back as early childhood or you may have observed it more recently. In either case, estimate how frequently the behavior has occurred since you first noticed it. In other words, please rate these symptoms and/or behaviors as they were at their most severe and/or prior to your child starting medication. Then select a number in the "Frequency" column using the following key, to represent the frequency of occurrence:

Never or hardly ever	Sometimes	Often	Very often or almost constantly
1	2	3	4

Child's first name:

Child's date of birth: mm/dd/yyyy

Child's Gender: ☐ Male ☐ Female

Symptom/Behavior	Frequency			
	1	2	3	4
1) displays excessive distress when separated from family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) exhibits excessive anxiety or worry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) has difficulty arising in the AM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) is hyperactive and easily excited in the PM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) has difficulty settling at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) has difficulty getting to sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) sleeps fitfully and/or awakens in the middle of the night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) has night terrors and/or nightmares	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) wets bed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) craves sweet-tasting foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11) is easily distracted by extraneous stimuli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12) is easily distracted during repetitive chores & lessons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13) demonstrates inability to concentrate at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14) attempts to avoid homework assignments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15) able to focus intently on subjects of interest and yet at times is easily distractible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16) has poor handwriting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17) has difficulty organizing tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18) has difficulty making transitions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19) has difficulty estimating time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20) has auditory processing or short-term memory deficit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21) is extremely sensitive to textures of clothes, labels, and tightness of fit of socks or shoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22) exhibits extreme sensitivity to sound and noise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23) complains of body temperature extremes or feeling hot despite neutral ambient temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24) is easily excitable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25) has periods of high, frenetic energy and motor activation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26) has many ideas at once	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27) interrupts or intrudes on others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28) has periods of excessive and rapid speech	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29) has exaggerated ideas about self or abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30) tells tall tales; embellishes or exaggerates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31) displays abrupt, rapid mood swings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32) has irritable mood states	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33) has elated or silly, goofy, giddy mood states	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34) displays precocious sexual curiosity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35) exhibits inappropriate sexual behaviors, e.g. openly touches self or others' private parts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36) takes excessive risks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37) complains of being bored	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38) has periods of low energy and/or withdraws or isolates self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39) has decreased initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40) experiences periods of self doubt and poor self-esteem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41) feels easily criticized and/or rejected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42) feels easily humiliated or shamed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43) fidgets with hands or feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44) is intolerant of delays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45) relentlessly pursues own needs and is demanding of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46) is willful and refuses to be subordinated by others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47) argues with adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48) is bossy towards others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49) defies or refuses to comply with rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50) blames others for his/her mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51) is easily angered in response to limit setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52) lies to avoid consequences of his/her actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53) has protracted, explosive temper tantrums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54) has difficulty maintaining friendships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55) displays aggressive behavior towards others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56) has destroyed property intentionally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57) curses viciously, uses foul language in anger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58) makes moderate threats to others or self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59) makes clear threats of violence to others or self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60) has made clear threats of suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61) is fascinated with gore, blood, or violent imagery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62) has acknowledged experiencing auditory and/or visual hallucinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63) hoards or avidly seeks to collect objects or food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64) has concern with dirt, germs, or contamination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65) is very intuitive and/or very creative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Quality Life H & P

Name _____ SS# _____ Date _____

Drug Allergies:	Family History:	Father	Mother	Father's Parents	Mother's Parents	Siblings	Children
	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Medications:	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Epilepsy/Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bleeding Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Thyroid Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hospitalizations or Surgery

Reason	Date	Reason	Date

Medical History

- | | | |
|--|---|--|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Lactose Intolerance | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Gallbladder Disease | <input type="checkbox"/> Gout |
| <input type="checkbox"/> Heart Palpitations | <input type="checkbox"/> Prostate Disease | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Bowel Irregularity | <input type="checkbox"/> Chronic Rashes |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Incontinence | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Dizziness/Fainting | <input type="checkbox"/> Sexual/Menstrual dysfunction | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Peripheral Vascular Disease | <input type="checkbox"/> Venereal Disease | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Allergies/Hay Fever | <input type="checkbox"/> Frequent Infections | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Anemia | <input type="checkbox"/> Diphtheria |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Tetanus |
| <input type="checkbox"/> Ulcer | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Other |
| <input type="checkbox"/> GI Disorder | <input type="checkbox"/> Nervousness | <input type="checkbox"/> Other |

Women Only

Pregnant? ☐ Yes ☐ No Planning Pregnancy? ☐ Yes ☐ No

Men Only

It's common for men to occasionally experience erection difficulties. Is this something that happens to you? ☐ Yes ☐ No

How often does this occur? ☐ Frequently ☐ Sometimes ☐ Rarely

Habits:

- | | | |
|---|---|---|
| <input type="checkbox"/> Smoke: Packs daily _____
How long? _____
Interested in stopping? _____ | <input type="checkbox"/> Coffee: Cups daily _____
Other caffeine _____
<input type="checkbox"/> Alcohol: Type _____
Amount _____
<input type="checkbox"/> Diet: Salt Intake _____
Fat Intake _____ | <input type="checkbox"/> Sleep: Difficulty falling asleep _____
Continuity disturbances _____
Snoring _____
Early Morning Awakening _____
Daytime drowsiness _____
Other _____ |
| <input type="checkbox"/> Exercise Routine | | |

**NICHQ Vanderbilt ASSESSMENT Scale –TEACHER Informant - GIVE FORM TO
YOUR CHILD'S TEACHER**

Teacher's Name: _____ Class Time: _____ Class

Name/Period: _____ Today's Date: _____ Child's Name:

_____ Grade Level: _____ **Directions:** Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: _____.

Is this evaluation based on a time when the child ⑧ was on medication ⑧ was not on medication ⑧ not sure?				
SYMPTOMS	Never	Occasionally	Often	Very Often

- | | | | | |
|---|---|---|---|---|
| 1. Fails to give attention to details or makes careless mistakes in schoolwork. | 0 | 1 | 2 | 3 |
| 2. Has difficulty sustaining attention to tasks or activities. | 0 | 1 | 2 | 3 |
| 3. Does not seem to listen when spoken to directly. | 0 | 1 | 2 | 3 |
| 4. Does not follow through on instructions and fails to finish school work (not due to oppositional behavior or failure to understand). | 0 | 1 | 2 | 3 |
| 5. Has difficulty organizing tasks and activities | 0 | 1 | 2 | 3 |
| 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort. | 0 | 1 | 2 | 3 |
| 7. Loses things necessary for tasks or activities (school assignments, pencils, or books). | 0 | 1 | 2 | 3 |
| 8. Is easily distracted by extraneous stimuli. | 0 | 1 | 2 | 3 |
| 9. Is forgetful in daily activities. | 0 | 1 | 2 | 3 |

Total number of questions scored "2" or "3" in question #'s 1-9: _____

- | | | | | |
|--|---|---|---|---|
| 10. Fidgets with hands or feet or squirms in seat. | 0 | 1 | 2 | 3 |
| 11. Leaves seat in classroom or in other situations in which remaining seated is expected. | 0 | 1 | 2 | 3 |
| 12. Runs about or climbs excessively in situations in which remaining seated is expected. | 0 | 1 | 2 | 3 |
| 13. Has difficulty playing or engaging in leisure activities quietly. | 0 | 1 | 2 | 3 |
| 14. Is "on the go" or often acts as if "driven by a motor." | 0 | 1 | 2 | 3 |
| 15. Talks excessively. | 0 | 1 | 2 | 3 |
| 16. Blurts out answers before questions have been completed. | 0 | 1 | 2 | 3 |
| 17. Has difficulty waiting in line. | 0 | 1 | 2 | 3 |
| 18. Interrupts or intrudes on others (e.g., butts into conversations/ games). | 0 | 1 | 2 | 3 |

Total number of questions scored "2" or "3" in question #'s 10-18: _____

Total Symptom Score for question #'s 1-18: _____

19. Loses temper.	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules.	0	1	2	3
21. Is angry or resentful.	0	1	2	3
22. Is spiteful and vindictive.	0	1	2	3
23. Bullies, threatens, or intimidates others.	0	1	2	3
24. Initiates physical fights.	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (e.g., "cons" others)	0	1	2	3
26. Is physically cruel to people.	0	1	2	3
27. Has stolen items of nontrivial value.	0	1	2	3
28. Deliberately destroys others' property.	0	1	2	3

Total number of questions scored "2" or "3" in question #'s 19-28: _____

	Never	Occasionally	Often	Very Often
29. Is fearful, anxious, or worried.	0	1	2	3
30. Is self-conscious or easily embarrassed.	0	1	2	3
31. Is afraid to try new things for fear of making mistakes.	0	1	2	3
32. Feels worthless or inferior.	0	1	2	3
33. Blames self for problems; feels guilty.	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him/h r." e	0	1	2	3
35. Is sad, unhappy, or depressed.	0	1	2	3

Total number of questions scored "2" or "3" in question #'s 29-35: _____

PERFORMANCE					
Academic Performance					
	Excellent	Above Average	Average	Somewhat of A Problem	Problematic
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written Expression	1	2	3	4	5
Classroom Behavioral Performance					
	Excellent	Above Average	Average	Somewhat of A Problem	Problematic
39. Relationship with peers	1	2	3	4	5
40. Following directions	1	2	3	4	5

41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5
Total number of questions scored "4" or "5" in question #'s 36-43: _____					
Average Performance Score: _____					

COMMENTS:

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FAX NUMBER :	7001-478-0434
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