



Behavioral Health Questionnaire

Child's Name: _____

Child's Date of Birth: _____

Date: _____

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Patient Information

Please send these completed forms along with copies of report cards from all grades completed, all psychological reports, and any counseling evaluations. Do ***not*** send original copies. Please complete all the information. After reviewing this information, our office will contact you for an appointment.

Child's Name: _____

Date of Birth: _____ Age _____ Preferred Pronouns _____

Child's School: _____

School Address: _____

Grade: _____

Who does the child live with (parents, siblings, extended family)?

Does the child live in more than one household?

Source of referral (parents, teacher, psychologist) _____

Address _____

Phone _____

Briefly state your concerns:

School History

1. Please list schools attended in chronological order:

School	Grades Attended	City
--------	-----------------	------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Please summarize the child's progress (e.g. academic, social) within each of these grade levels:

Preschool _____

Kindergarten _____

Grades 1 through 3 _____

Grades 4 through 6 _____

Grades 7 through 12 _____

3. To the best of your knowledge, at what grade level is your child functioning:

Reading _____ Spelling _____ Arithmetic _____

4. Has your child ever had to repeat a grade? If so, when? _____

5. Does your child have a 504 or IEP? Please specify accommodations/goals _____

6. Does your child spend part of their school day outside of the general education classroom? If yes, what percentage of the day? ? What services are provided (speech, social skills, physical therapy, academic support etc)? _____

7. Have any additional instructional modifications been attempted?

Yes	No	When	
			Private tutoring
			Behavioral modification program
			Daily or weekly progress report cards
			Class note taker assistants
			Books on tape for school text
			Training and usage of computer

8. Has your child ever been:

Yes	No	When	
			Suspended from school
			Expelled from school
			Other

9. Please list any academic testing, psychological evaluations and medical evaluations previously done for your child's learning problems. (MAT, WISC-R WRAT, etc.) _____

10. Does your child have difficulty verbally expressing him/herself? _____

11. Do you think that your child understands spoken directions as well as peers? _____

12. Does your child have any speech impediments? _____

If so, has the child had any speech therapy? _____

Duration of therapy _____

13. How do you rate your child's overall level of intelligence compared to peers? _____

Current Behavioral Concerns

What are your primary behavioral concerns?

1. Rate your child's *school experiences* related to **behavior**:

	Good	Average	Poor
Pre-school			
Kindergarten			
Current Grade			

2. What are your teacher's primary concerns in the classroom?

When did these problems begin? Specify age _____

3. Which of the following are significant problems at the present time?

Yes	No	
		Often loses temper
		Often argues with adults
		Often actively defies or refuses adult requests or rules
		Often does things that deliberately annoy other people
		Often blames others for own mistakes
		Is often touchy or easily annoyed by others
		Is often angry or resentful
		Is often spiteful or revengeful
		Often swears or uses obscene language

Comment briefly on your "Yes" answers

When did these problems begin? Specify age _____

4. Which of the following are significant problems at the present time?

Yes	No	
		Steals
		Has run away from home overnight at least twice
		Often lies
		Deliberately sets fires
		Often truant
		Breaking and entering
		Cruel to animals
		Forces someone else into sexual activity
		Often initiates physical fights
		Physically cruel to people

Comment briefly on your “Yes” answers _____

When did these problems begin? Specify age _____

5. Which of the following are significant problems at the present time?

Yes	No	
		Unrealistic and persistent worry about possible harm to family members
		Unrealistic and persistent worry that calamitous events will separate child from family members
		Persistent school refusal
		Persistent refusal to sleep alone
		Persistent avoidance of being alone

		Repeated nightmares regarding separation
		Frequent complaints of body aches and pains
		Excessive distress anticipating separation
		Excessive distress separated from home
		Unrealistic worry about future events
		Unrealistic concern about appropriateness of past behavior
		Unrealistic concern about competence
		Frequent complaints of body aches and pains
		Marked self-consciousness
		Excessive need for reassurance
		Marked inability to relax

Comment briefly on your “yes” answers _____

When did these problems begin? Specify age _____

6. Which of the following are significant problems at the present time?

Yes	No	
		Depressed or irritable mood most of day, nearly every day
		Diminished pleasure in activities
		Decreased or increase in appetite associated with possible failure to achieve weight gain
		Insomnia or excessive sleeping nearly everyday
		Marked agitation

		Fatigue or loss of energy
		Feeling of worthlessness or excessive guilt
		Diminished ability to concentrate
		Suicidal thought or attempts

Comment briefly on your “Yes” answers _____

When did these problems begin? Specify age _____

7. Which of the following are considered to be significant problems at the present time?

Yes	No	
		Compulsive mannerisms (hand washing, chewing clothes, picking, etc.)
		Motor tics (blinking, squinting, facial jerks)
		Vocal tic (sniffing, clearing throat, noises, humming)
		Other nervous habits.
		Verbal skills
		Playing or interacting with other children
		Making friends

Comment briefly on “yes” answers

When did these problems begin? Specify age _____

Home Behavior

1. All children exhibit to some degree the behavior listed below. Check those that you believe your child exhibits *at home* to an excessive or exaggerated degree when compared to other children his/her own age.

Yes	No	
		Hyperactivity (high activity level)
		Poor attention span
		Impulsivity (poor self control)
		Temper outbursts
		Low frustration threshold
		Facial tics, blinking, humming or sniffing
		Interrupts frequently
		Doesn't listen
		Sudden outbursts of physical abuse to other children
		Child acts like they are driven by a motor
		Wears out shoes more frequently than siblings
		Heedless to danger
		Excessive number of accidents
		Doesn't learn from experience
		Poor memory
		More active than siblings
		A "different" child

Comment briefly on your "Yes" answers _____

When did these problems begin? Specify age _____

2. Types of discipline you use with your child:

Yes	No	
		Verbal reprimands
		Time out (Isolation)
		Removal of privileges
		Rewards
		Physical punishment
		Give in to child
		Avoidance of child

3. On the average, what percentage of the time does your child comply with initial commands? _____

4. On the average, what percentage of the time does your child eventually comply with commands?

5. To what extent are you and your spouse/partner consistent with respect to disciplinary strategies?

6. Have any of the following stress events occurred within the last 12 months?

Yes	No	
		Parents divorced or separated
		Family accident or illness
		Death in the family
		Parent changed or lost job
		Changed schools
		Family moved
		Family financial problems

7. How stable is your current marriage or partnership? _____

Social History

1. Please describe how your child gets along with siblings: _____

2. How easily does your child make friends? _____

3. How well does your child keep friendships? _____

4. Does your child primarily play with children:

Own age? _____ Older? _____ Younger? _____

5. Please describe any problems your child may have with peers: _____

Interests and Accomplishments

1. What are your child's main hobbies and interests? _____

2. What are your child's areas of greatest accomplishments? _____

3. What does your child enjoy doing most? _____

4. What does your child dislike doing most? _____

Developmental Factors

Pregnancy

Were there any complications in pregnancy?

Were there any exposures to drugs or alcohol in pregnancy?

Duration of pregnancy (weeks) _____

Post Delivery Period

Jaundice _____ Cyanosis (turned blue) _____ Incubator care _____

Number of days infant was in hospital after delivery _____

Any health complications following birth? _____

Infancy –Toddler Period

Yes	No	
		Were there feeding problems during early infancy?
		Was the baby difficult to cuddle?
		Was the child colicky?
		Were there sleep pattern difficulties during early infancy?
		Were there problems with the infant's alertness?
		Did the child have any congenital problems?
		Was the child a difficult baby (did not calm easily or follow a schedule, excessive crying)?
		Was the baby excessively restless?
		Did the toddler behave poorly with others?
		Was the toddler insistent and demanding?
		Was the toddler extremely active (into everything)?
		Was the child accident prone (clumsy)?

Developmental Milestones

Has your child had delayed milestones (for example walking, talking, fine motor, social skills)?

Has your child received developmental support services (For example Birth-to-three services, developmental preschool, private occupational, speech or physical therapy)?

Medical History

1. Has your child had any chronic health problems (e.g. asthma, diabetes, heart condition)? If so please specify _____

2. When was the onset of any chronic illness? _____

3. What medications does your child take on a regular basis? _____

4. Has your child had any of the following:

Yes	No	
		Broken bones
		Stitches
		Head injury, coma, amnesia
		Severe bruises
		Accidental ingestion or poisoning
		Eye injury
		Lost teeth from trauma

5. Has your child had surgery? If yes, please explain. _____

6. Is there any suspicion of alcohol or drug use? _____

7. Is there any history of physical or sexual abuse? _____

8. Does the child have any problems sleeping? _____

9. Does the child have bladder or bowel control problems? _____

10. Does the child have any eating disorder symptoms? _____

11. Does your child have extreme picky eating or difficulty with certain food textures? Other sensory processing difficulties? Explain.

Treatment History

1. List names and addresses of all other professionals consulted:

2. Has your child taken any medications for focus, emotional regulation, mental health diagnoses? If yes, please list.

Dates (approximate)	Medication

3. Has the child ever had any of the following forms of psychological treatment:

Yes	No	Duration	
			Individual psychotherapy
			Group psychotherapy
			Family therapy with child
			Inpatient evaluation and treatment
			Residential treatment (including drug and alcohol)

Family History

Paternal Relatives – Family History

CHILD'S	Father	Paternal Grand Mother	Paternal Grand Father	Paternal Aunt	Paternal Uncle
Problems with aggressiveness, defiance, and oppositional behavior as a child					
Problems with attention, activity, and impulse control as a child					
Learning disabilities					
Failed to graduate from high school					
Mental retardation					
Psychosis or schizophrenia					
Depression for greater than two weeks					
Anxiety disorder					
Tics or Tourette's					
Alcohol abuse					
Substance abuse					
Antisocial behavior (assaults, thefts, etc.)					
Arrests					
Physically abused					
Sexually abused					

Please comment on your responses _____

Maternal Relatives – Family History

CHILD'S	Mother	Maternal Grand Mother	Maternal Grand Father	Maternal Aunt	Maternal Uncle
Problems with aggressiveness, defiance, and oppositional behavior as a child					
Problems with attention, activity, and impulse control as a child					
Learning disabilities					
Failed to graduate from high school					
Mental retardation					
Psychosis or schizophrenia					
Depression for greater than two weeks					
Anxiety disorder					
Tics or Tourette's					
Alcohol abuse					
Substance abuse					
Antisocial behavior (assaults, thefts, etc.)					
Arrests					
Physically abused					
Sexually abused					

Please comment on your responses regarding maternal history

Siblings

Name	Birthdate
1.	
2.	
3.	
4.	
5.	

Siblings – Family History

CHILD'S	Brother	Brother	Sister	Sister
Problems with aggressiveness, defiance, and oppositional behavior as a child				
Problems with attention, activity, and impulse control as a child				
Learning disabilities				
Failed to graduate from high school				
Mental retardation				
Psychosis or schizophrenia				
Depression for greater than two weeks				
Anxiety disorder that impaired judgment				
Tics or Tourette's				
Alcohol abuse				
Substance abuse				
Antisocial behavior (assaults, thefts, etc.)				
Arrests				
Physical abuse				
Sexual abuse				

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



Conners Parent's Form

Name of Child _____ Date _____

Please answer all questions. Beside each item, indicate the degree of the problem by a check mark

		Not at all	Just a little	Pretty much	Very much
1	Picks at things (nails, finger, hair, clothing).				
2	Sassy to grown-ups				
3	Problems with making or keeping friends				
4	Excitable, impulsive				
5	Wants to run things				
6	Sucks or chews (thumb, clothing, blankets)				
7	Cries easily or often				
8	Carries a chip on his shoulder				
9	Daydreams				
10	Difficulty in learning				
11	Restless in the "squirmy" sense				
12	Fearful (of new situations, new people or places, going to school)				
13	Restless, always up and on the go				
14	Destructive				
15	Tells lies or stories that aren't true				
16	Shy				
17	Gets into more trouble than others the same age				
18	Speaks differently from other same age (baby talk, stuttering, hard to understand)				
19	Denies mistakes or blames others				
20	Quarrelsome				
21	Pouts and sulks				
22	Steals				
23	Disobedient or obeys but resentfully				

24	Worries more than others (about being alone, illness, or death)				
25	Fails to finish things				
26	Feelings easily hurt				
27	Bullies others				
28	Unable to stop a repetitive activity				
29	Cruel				
30	Childish or immature (wants help he shouldn't need, clings, needs constant reassurance)				
31	Distractibility or attention span a problem				
32	Headaches				
33	Mood changes quickly and drastically				
34	Doesn't like or doesn't follow rules or restrictions				
35	Fights constantly				
36	Doesn't get along well with brothers or sisters				
37	Easily frustrated in efforts				
38	Disturbs other children				
39	Basically an unhappy child				
40	Problems with eating (poor appetite, up between bites)				
41	Stomach aches				
42	Problems with sleep				
43	Other aches and pains				
44	Vomiting or nausea				
45	Feels cheated in family circle				
46	Boasts and brags				
47	Lets self be pushed around				
48	Bowel problems (frequently loose, irregular habits, constipation)				

Name of person completing questionnaire

NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child.
When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child ☐ was on medication ☐ was not on medication ☐ not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (i.e. "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

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NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

Comments:

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Conners Teacher Form

Name of Child _____ Grade _____ Date _____

Please answer all questions. Beside each item, indicate the degree of the problem by a check mark

		Not at all	Just a little	Pretty much	Very much
1	Restless in the "squirmy" sense				
2	Makes inappropriate noises when he shouldn't				
3	Demands must be met immediately				
4	Acts "smart" (impudent or sassy)				
5	Temper outbursts and unpredictable behavior				
6	Overly sensitive to criticism				
7	Distractibility or attention span a problem				
8	Disturbs other children				
9	Daydreams				
10	Pouts and sulks				
11	Mood changes quickly and drastically				
12	Quarrelsome				
13	Submissive attitude toward authority				
14	Restless, always up and on the go				
15	Excitable, impulsive				
16	Excessive demands for teacher's attention				
17	Appears to be unaccepted by group				
18	Appears to be easily led by other children				
19	No sense of fair play				
20	Appears to lack leadership				
21	Fails to finish things				
22	Childish or immature (wants help he shouldn't need, clings, needs constant reassurance)				
23	Denies mistakes or blames others				

24	Doesn't get along well with other children				
25	Uncooperative with classmates				
26	Easily frustrated in efforts				
27	Uncooperative with teacher				
28	Difficulty in learning				

Name of person completing questionnaire

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 ☐ was on medication ☐ was not on medication ☐ 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 schoolwork (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
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 (eg, butts into conversations/games)	0	1	2	3
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 (eg, "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
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

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
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 or her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Performance <i>Academic Performance</i>	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

<i>Classroom Behavioral Performance</i>	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

Comments:Please return this form to: Woodinville PediatricsMailing address: 17000 140th Ave NE #102, Woodinville, WA 98072Fax number: 425 488 4919American Academy
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