Behavioral Health Questionnaire

Child's Name: _____

Child's Date of Birth: _____

Date: _____

Adapted from Russell A. Barkley, PHD

Contents

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
			Repeated a grade

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

		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 your “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?_____

Was there any exposure 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 (apoproximate)	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					
Intellectual disability					
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					
Physical abuse					
Sexual abuse					

Please comment on your responses regarding paternal history

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					
Intellectual disability					
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					
Physical abuse					
Sexual abuse					

Please comment on your responses regarding maternal history:

Siblings

Name	Age
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				
Intellectual disability				

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				
Physical abuse				
Sexual abuse				

Please comment on your responses regarding sibling history

Please use this space to include any additional remarks about your child's difficulties:

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

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

Revised - 1102

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:

D4 NICHQ Vanderbilt Assessment Scale—TEACHER Informant

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

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

Revised - 0303

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D4 NICHQ Vanderbilt Assessment Scale—TEACHER Informant, continued

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 *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

Comments:

Please return this form to: Woodinville Pediatrics

Mailing address: 17000 140th Ave NE #102, Woodinville, WA 98072

Fax number: 425 488 4919