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310.207.2995

PATIENT INFORMATION

Please use **BLUE** or **BLACK** ink and write **LEGABLY**.

Patient's Name: _____ SS# _____ - _____ - _____ Sex: ☐ Male ☐ Female

Date of Birth: _____ Age: _____

Home Address: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____ Occupation: _____ ☐ Student

Employer (School, if student): _____ School Phone: (_____) _____

School Address: _____

E-mail Address: _____ Fax (_____) _____

SPOUSE'S INFORMATION

Spouse's Name: _____ SS# _____ - _____ - _____ Date of Birth: _____ Age: _____

Spouse's Occupation/Employer: _____ Address: _____

RESPONSIBLE PARTY

Responsible Party: _____ SS# _____ - _____ - _____ Date of Birth: _____ Age: _____

Home Address: _____

Home Phone: (_____) _____ Occupation: _____

Employer: _____ Work Phone: (_____) _____

Employer Address: _____ Driver's License No.: _____

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

REFERRAL SOURCE

Referral Source _____

Referral Address _____ Phone# _____

Do we have permission to release information to the referring professional when it is appropriate?

_____ Yes _____ No

FEES CHARGED: Unless other specific arrangements are made I will pay the agreed fee at each session. Payment is required for no-shows or less than a 24 hour notice of cancellation. I understand I am responsible for all charges, including cancellations within less than 24 hours.

Signature of Responsible Party (required): _____

CHILD/TEEN INTAKE QUESTIONNAIRES

Parents, in order for us to be able to fully evaluate your child or teenager, please fill out the following intake form and questionnaires (as they pertain to your child) to the best of your ability. We realize there is a lot of information and you may not remember or have access to all of it; do the best you can.

Main purpose of the consultation: (Please give a brief summary of the main problems)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's part of a bound notebook.

Why did you seek the evaluation at this time? What do you want this clinic to do for your child, yourself or your family?

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.

We included a detailed list of most psychiatric medication on pages 4-5 to be used as a reference.

- [illegible]

MEDICATION REFERENCE LIST

ADD Medications

Adderall / Adderall XR <i>4 amphetamine salts</i>	Concerta <i>methylphenidate</i>	Cylert <i>pemoline</i>	Daytrana <i>methylphenidate transdermal</i>
Desoxyn <i>methamphetamine HCL</i>	Dexedrine <i>dextroamphetamine</i>	Dexedrine Spansules <i>dextroamphetamine</i>	Dextrostat <i>dextroamphetamine</i>
Focalin <i>dexmethylphenidate</i>	Focalin XR <i>dexmethylphenidate hydrochloride</i>	Intuniv <i>guanfacine</i>	Metadate <i>methylphenidate</i>
Metadate CR <i>methylphenidate hydrochloride</i>	Methylin <i>methylphenidate</i>	Provigil <i>modafinil</i>	Ritalin <i>methylphenidate</i>
Ritalin LA <i>methylphenidate</i>	Ritalin SR <i>methylphenidate</i>	Strattera <i>atomoxetine</i>	Vyvanse <i>lisdexamfetamine</i>

Antidepressants

Anafranil <i>clomipramine hcl</i>	Asendin <i>amoxapine</i>	Celexa <i>citalopram</i>	Cymbalta <i>duloxetine HCl</i>
Desyrel <i>trazodone</i>	Effexor/Effexor XR <i>venlafaxine</i>	Elavil <i>amitriptyline</i>	Eldepryl <i>selegiline HCl</i>
EMSAM <i>selegiline transdermal system</i>	Lexapro <i>escitalopram</i>	Ludiomil <i>maprotiline</i>	Luvox <i>fluvoxamine</i>
Marplan <i>isocarboxazid</i>	Nardil <i>phenelzine</i>	Norpramin <i>desipramine</i>	Pamelor <i>nortriptyline</i>
Parnate <i>tranlycypromine</i>	Paxil/Paxil CR <i>paroxetine</i>	Pristiq <i>desvenlafaxine extended release</i>	Prozac <i>fluoxetine</i>
Remeron <i>mirtazapine</i>	Serzone <i>nefazodone</i>	Sinequan <i>doxepin</i>	Surmontil <i>trimipramine</i>
Tofranil <i>imipramine</i>	Vivactil <i>protriptyline</i>	Wellbutrin/Wellbutrin SR or XL <i>bupropion</i>	Zoloft <i>sertaline</i>

Anti-Anxiety Medications

Ativan <i>lorazepam</i>	BuSpar <i>buspirone</i>	Klonopin <i>clonazepam</i>	Librium <i>chlordiazepoxide</i>
Serax <i>oxazepam</i>	Tranxene <i>clorazepate</i>	Valium <i>diazepam</i>	Visatril <i>hydroxyzine</i>
Xanax <i>alprazolam</i>			

Mood Stabilizers

Depakene <i>valproic acid</i>	Depakote <i>divalproex</i>	Dilantin <i>phenytoin</i>	Donnatal <i>phenobarbital</i>
Gabitril <i>tigabine</i>	Keppra <i>levetiracetam</i>	Lamictal <i>lamotrigine</i>	Lithium/Eskalith <i>lithium carbonate</i>
Lyrica <i>pregablin</i>	Neurontin <i>gabapentin</i>	Tegretol/Carbatrol Tegretol XR <i>carbamazepine</i>	Trileptal <i>oxcarbazepine</i>
Topamax <i>topiramate</i>	Zonegran <i>zonisamide</i>		

Anti-Tic Hypertensive Medications

Catapres <i>clonidine</i>	Inderal <i>propranolol</i>	Tenex <i>guanfacine</i>	
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Anti-Psychotic Medications

Abilify <i>aripiprazole</i>	Clozaril <i>clozapine</i>	Geodon <i>ziprasidone HCl</i>	Haldol <i>haloperidol</i>
Invega <i>paliperidone</i>	Loxitane <i>loxapine</i>	Mellaril <i>molindone</i>	Moban <i>molindone</i>
Navane <i>thiothixene</i>	Orap <i>pimozide</i>	Prolixin <i>fluphenazine</i>	Risperdal <i>risperidone</i>
Serentil <i>mesoridazine</i>	Seroquel <i>quetiapine</i>	Stelazine <i>trifluoperazine</i>	Symbyax <i>olanzapine/fluoxetine HCl</i>
Thorazine <i>chlorpromazine</i>	Trilafon <i>perphenazine</i>	Zydis <i>olanzapine</i>	Zyprexa <i>olanzapine</i>

Movement Disorders

Artane <i>trihexyphenidyl</i>	Benadryl <i>diphenhydramine</i>	Cogentin <i>benztropine</i>	Symmetrel <i>amantadine</i>
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Memory / Alzheimer's Medications

Aricept <i>donepezil HCl</i>	Exelon <i>revastigmine tartrate</i>	Namenda <i>memantine</i>	Reminyl - now Razadyne ER <i>galantamine HBR</i>
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Sleep Aid

Ambien/Ambien CR <i>zolpidem tartrate</i>	Dalmane <i>flurazepam</i>	Desyrel <i>trazodone</i>	Doral <i>quazepam tablets</i>
Halcion <i>triazolam</i>	Lunesta <i>zopiclone</i>	ProSom <i>estazolam</i>	Restoril <i>temazepam</i>
Rohypnol <i>flunitrazepam</i>	Rozerem <i>ramelteon</i>	Sonata <i>zaleplon</i>	

Weight Loss

Fenfluramine <i>fenfluramine hydrochloride</i>	Meridia <i>sibutramine hydrochloride monohydrate</i>	Phentermine <i>phenethylamine</i>	
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Sexual Dysfunction

Cialis <i>tadalafil</i>	Levitra <i>Cardenafil HCl</i>	Viagra <i>sildenafil citrate</i>	
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Migraine Medications

Amerge <i>naratriptan</i>	Axert <i>almotriptan malate</i>	Esgic plus <i>butalbital / acetaminophen</i>	Fioricet <i>butalbital / acetaminophen</i>
Fiorinal <i>aspirin / butalbital / caffeine</i>	Frova <i>frovatriptan succinate</i>	Imitrex <i>sumatriptan succinate</i>	Maxalt <i>rizatriptan benzoate</i>
Replax <i>eletriptan hydrobromide</i>	Zomig <i>zolmitriptan</i>		

Pain Medications

Avinza <i>morphine sulfate extended release</i>	Darvocet <i>propoxyphene</i>	Darvon <i>propoxyphene</i>	Fentanyl <i>fentanyl citrate</i>
Kadian <i>morphine sulfate extended release</i>	Oxycontin <i>oxycodone</i>	Percocet <i>oxycodone HCl/APAP CII</i>	Percodan <i>aspirin / hydrocodone</i>
Roxanol <i>morphine sulfate</i>	Vicodin <i>hydrocodone</i>		

PRIOR ATTEMPTS TO CORRECT PROBLEMS/PRIOR PSYCHIATRIC HISTORY

Please indicate if you have attempted the following treatment:

- ☐ Psychiatrist
- ☐ Neurologist
- ☐ Cardiologist
- ☐ Alternative/Holistic/Naturopathic (include type) _____
- ☐ Therapy (include type and duration) _____
- ☐ Psychiatric Inpatient Hospitalization (if multiple attempts include overall duration) _____
- ☐ Outpatient Treatment Program (if multiple attempts indicate overall duration) _____
- ☐ Other _____

Please list any prior diagnoses: _____

MEDICAL HISTORY

Current medical problems/medications: _____

Current supplements/vitamins/herbs: _____

Past medical problems/medications: _____

Past supplements/vitamins/herbs: _____

Name of Primary Care Physician: _____

Other doctors/clinics seen currently: _____

Allergies/drug intolerances (describe): _____

Date of last physical exam: _____

Present Height _____ Present Weight _____ Present Waist Size _____

Date started last menstrual period: _____

Please indicate if you have a history of the following:

- ☐ Seizure or seizure like activity
- ☐ Periods of spaciness or confusion
- ☐ Concussion
- ☐ Whiplash
- ☐ Loss of consciousness (describe): _____
- ☐ Head trauma (describe, list date or approximate age): _____
- ☐ Stitches on face or head (describe): _____

CURRENT LIFE STRESSES (please list current factors that are a source of stress in the family)

FAMILY HISTORY

Family Structure (who lives in the current household with the child, please give relationship to the child):

Significant Developmental Events (include marriages, separations, divorces, deaths, traumatic events, losses, etc.)

Current Marital Situation/Satisfaction of Parents _____

Biological Mother's History: ☐ Living; Age _____ ☐ Deceased; Age _____ Cause of death _____

Marriages _____ Highest Level of Education: _____ Occupation: _____

Learning problems _____ Behavior problems _____

Medical Problems (include heart problems, sudden death, congenital disorders) _____

Has mother ever sought psychiatric treatment? ☐ Yes ☐ No ____ If yes, for what purpose? _____

Patient's mother's alcohol/drug use history _____

Have any of your mother's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, or psychiatric hospitalizations?

(specify) _____

Biological Father's History: ☐ Living; Age _____ ☐ Deceased; Age _____ Cause of death _____

Marriages _____ Highest Level of Education: _____ Occupation: _____

Learning problems _____ Behavior problems _____

Medical Problems (include heart problems, sudden death, congenital disorders) _____

Has father ever sought psychiatric treatment? ☐ Yes ☐ No ____ If yes, for what purpose? _____

Patient's father's alcohol/drug use history _____

Have any of your father's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, or psychiatric hospitalizations?

(specify) _____

Step or Adopted Mother's History (indicate which):

Age ____ Marriages ____ Highest Level of Education: _____ Occupation: _____

Learning problems _____ Behavior problems _____

Medical Problems (include heart problems, sudden death, congenital disorders) _____

Has step/adoptive mother ever sought psychiatric treatment? ☐ Yes ☐ No ____ If yes, for what purpose? _____

Step/adoptive mother's alcohol/drug use history _____

Step or Adopted Father's History (indicate which):

Age ____ Marriages ____ Highest Level of Education: _____ Occupation: _____

Learning problems _____ Behavior problems _____

Medical Problems (include heart problems, sudden death, congenital disorders) _____

Has step/adoptive father ever sought psychiatric treatment? ☐ Yes ☐ No ____ If yes, for what purpose? _____

Step/adoptive father's alcohol/drug use history _____

Patient's siblings (names, ages, problems, strengths, relationship to patient)

CHILD'S DEVELOPMENTAL HISTORY**Prenatal events:**

Parents' attitude toward pregnancy _____

Conception – ease ____ planned ____ unplanned _____

Pregnancy complications (bleeding, excess vomiting, medication, infections, x-rays, smoking, alcohol/drug use, etc.) _____

Birth and Postnatal period:

Birth weight ____ Length ____ Labor duration ____ Delivery: vaginal ____ C section ____ Problems ____

APGAR scores (if known) ____ Any jaundice? Yes ____ No ____ Time in hospital ____

Complications? _____

Mother's health after delivery _____

Post Partum Depression? ____ if yes, how long? _____

Primary caretaker for child, first year _____

thereafter _____

Diet History:

Age breastfeeding was weaned ____ Age bottle-feeding was weaned ____

Would you consider your diet mostly healthy or unhealthy? _____

Any food allergies/sensitivities? ☐ Yes ☐ No ____ If yes, please list: _____

Are you currently on a restricted diet (i.e. vegetarian, high protein only, etc)?

☐ Yes ☐ No ____ If yes, please list restrictions: _____Any experience with a gluten free diet? ☐ Yes ☐ No ____ If yes, please list results: _____Any experience with a casein free diet? ☐ Yes ☐ No ____ If yes, please list results: _____

Caffeine consumption per day (i.e. coffee, soda, tea, chocolate): _____

How many days a week do you eat fruits? _____ vegetables? _____ breakfast? _____

How many times a day do you eat? _____
What is your typical eating schedule? _____
Do you drink 8 glasses of water per day? ☐ Yes ☐ No
Would you consider yourself to be over or underweight? _____
What is your ideal weight? _____ What is your BMI? _____
How long have you struggled with weight issues? _____
What weight loss measures have you tried? _____

Sleep Behavior:

Any problems falling asleep? _____
Any problems staying asleep? _____
Any problems waking up? _____
On average, how many hours do you sleep per night? _____
Any history of sleepwalking, recurrent dreams, sleep apnea, heavy snoring, or sleep bruxism (grinding your teeth)? _____

Separations from mother and/or father: age, duration, reaction to _____

Toilet training: age reached bowel control: day _____ night _____ bladder control: day _____ night _____
methods used _____ ease _____ current function _____

Sexual development: gender identity _____
any problems? _____

Physical/Sexual Abuse: _____

Motor development: (please write in age, parentheses are approximate normal limits)
rolls over (3-5m) _____ sit without support (5-7m) _____ crawls (5-8) _____ walks well (11-16m) _____ runs
well (2y) _____ rides tricycle (3y) _____ throws ball overhand (4y) _____
current level of activity/exercise _____
fine and gross motor coordination _____ compared to peers _____

Language development: (please write in age, parentheses are approximate normal limits)
several words besides dada, mama (1y) _____ name several objects-ball, cup (15m) _____
3 words together--subject, verb, object (24m) _____ vocabulary _____ articulation _____ comprehension _____
compared to peers _____
any current problems _____

Social development: (please write in age, parentheses are approximate normal limits) smile (2m) _____
shy with strangers (6-10m) _____ separates from mother easily (2-3y) _____ cooperative play with others (4y) _____
quality of attachment to mother _____ quality of attachment to father _____
relationships to family members _____
early peer interactions _____
current peer interactions _____
special interests/hobbies _____

Behavioral/Discipline: compliance vs. non-compliance _____
lying/stealing _____ rule breaking _____ methods of discipline _____
other problems _____

Emotional development: early temperament _____

mood _____ fears/phobias _____
habits _____
special objects (blankets, dolls, etc.) _____ ability to express of feelings _____

Ever Any Legal Problems? (including traffic violations) _____

Drug/Alcohol History: _____

School History: current grade _____ school contact _____
number of schools attended _____ average grades _____
homework problems _____
specific learning disabilities _____
strengths _____
what have teachers said about the child/teen _____

Overall Strengths -- as viewed by parents _____

Overall Strengths -- as viewed by the child/teen _____

- ☐ Children's
☐ Problems
☐ Checklist™
☒

John A. Schinka, Ph.D.

Child's Name _____ Age _____

Male _____ Female _____ Date _____

DIRECTIONS

On the following pages you will find a list of problems which parents commonly face in raising a child. This list surveys emotions, habits, school, attitudes, and other areas of your child's life.

Read the list carefully and make a check (✓) next to each statement that describes a problem your child has. Circle those statements which you feel are the most important problems at this time. Do your best to review the list as objectively as you can.

EXAMPLE

42 _____ is afraid to ask other children to play

43 _____ tries to be too much like other children

44 ✓ always tries to please others

If your child has problems which are not listed on the following pages, please write them on the bottom of the last page. Your responses will only be discussed with your doctor or counselor.

PAR Psychological Assessment Resources, Inc./P.O. Box 998/Odessa, FL 33556

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Check all problems which apply—Circle the most important.

EMOT/32

- | | |
|--|---|
| 1 _____ frequently seems anxious or tense | 17 _____ seems withdrawn or spends a lot of time alone |
| 2 _____ cries easily or often | 18 _____ needs too much affection |
| 3 _____ worries a lot | 19 _____ is uncomfortable with affection |
| 4 _____ is overly dependent | 20 _____ does not respond to affection |
| 5 _____ needs to be reassured frequently | 21 _____ is too concerned with cleanliness |
| 6 _____ feelings are easily hurt | 22 _____ is too neat and orderly |
| 7 _____ frequently seems sad or depressed | 23 _____ is suspicious |
| 8 _____ feels guilty too easily or too often | 24 _____ acts too mature for age |
| 9 _____ feels inferior | 25 _____ worries about getting sick |
| 10 _____ is easily embarrassed | 26 _____ has unusual beliefs |
| 11 _____ has strong fears | 27 _____ sees or hears things that others do not |
| 12 _____ has many fears | 28 _____ is too involved with certain thoughts or ideas |
| 13 _____ refuses to sleep alone | 29 _____ has trouble relaxing |
| 14 _____ seems uncomfortable in new situations | 30 _____ seems too serious |
| 15 _____ is afraid to show anger | 31 _____ repeats certain behaviors over and over again |
| 16 _____ is easily upset | 32 _____ talks often about death or injury |

SEL/18

- | | |
|---|---|
| 33 _____ is self-critical | 42 _____ is afraid to ask other children to play |
| 34 _____ overreacts to small mistakes | 43 _____ tries to be too much like other children |
| 35 _____ acts inferior to other children | 44 _____ always tries to please others |
| 36 _____ is always a follower, never a leader | 45 _____ is not interested in learning |
| 37 _____ gives up easily | 46 _____ is not curious |
| 38 _____ is pessimistic | 47 _____ never disagrees |
| 39 _____ worries about making mistakes | 48 _____ does not give best effort |
| 40 _____ has little self-confidence | 49 _____ appears to be uninterested |
| 41 _____ always gives in to other children | 50 _____ is too humble |

PE/PL/18

- | | |
|--|--|
| 51 _____ is not friendly to other children | 60 _____ will not play alone |
| 52 _____ bullies other children | 61 _____ does not compromise with other children |
| 53 _____ hurts or teases other children | 62 _____ is a poor loser in games |
| 54 _____ does not share with other children | 63 _____ competes too hard in games |
| 55 _____ does not get along with children the same age | 64 _____ has friends who are a bad influence |
| 56 _____ is teased a lot by other children | 65 _____ has no hobbies or interests |
| 57 _____ is not liked by other children | 66 _____ is shy |
| 58 _____ has trouble making friends | 67 _____ is socially immature |
| 59 _____ has few friends | 68 _____ has friends that are mainly of the opposite sex |

SCH/14

- | | |
|---|--|
| 69 _____ does not finish homework | 76 _____ is considered a problem child in school |
| 70 _____ does not like school | 77 _____ is frequently late to school |
| 71 _____ does not get along with children at school | 78 _____ skips school |
| 72 _____ does not get along with teachers | 79 _____ frequently gets sick in school |
| 73 _____ needs too much attention from teachers | 80 _____ gets poor grades |
| 74 _____ is a discipline problem at school | 81 _____ is an underachiever |
| 75 _____ blames teachers for problems in school | 82 _____ is in remedial or special education classes |

Continue on next page ►

Check all problems which apply—Circle the most important.

LANG/THINK/20

- | | |
|--|---|
| 83 _____ refuses to talk | 93 _____ frequently daydreams |
| 84 _____ uses baby talk | 94 _____ does not have good common sense |
| 85 _____ misnames things | 95 _____ becomes confused easily |
| 86 _____ has trouble understanding instructions | 96 _____ is too involved in fantasies |
| 87 _____ forgets things | 97 _____ has an overactive imagination |
| 88 _____ has a poor memory | 98 _____ has trouble with reading |
| 89 _____ has trouble with time and date | 99 _____ has trouble with spelling or writing |
| 90 _____ has a poor sense of direction | 100 _____ has trouble using tools |
| 91 _____ has trouble knowing right from left | 101 _____ talks too fast |
| 92 _____ has trouble understanding puzzles and games | 102 _____ stutters or stammers |

CON/ORG/10

- | | |
|--|---|
| 103 _____ does not pay attention | 108 _____ has trouble getting organized |
| 104 _____ is easily distracted | 109 _____ has trouble planning activities |
| 105 _____ has trouble finishing projects | 110 _____ loses interest quickly |
| 106 _____ cannot finish game or puzzle | 111 _____ changes mind often |
| 107 _____ acts impulsively | 112 _____ has difficulty following rules |

ACT/MO/16

- | | |
|--|--|
| 113 _____ is uncoordinated | 121 _____ is frequently hurt or injured |
| 114 _____ frequently drops or breaks things | 122 _____ is restless |
| 115 _____ bumps into things | 123 _____ has trouble sitting still at dinner |
| 116 _____ is clumsy | 124 _____ is always climbing or running |
| 117 _____ has trouble throwing or catching a ball | 125 _____ has tics or twitches |
| 118 _____ is neither strongly right or left handed | 126 _____ has unexpected movements of arms or legs |
| 119 _____ is overactive | 127 _____ has trouble with balance |
| 120 _____ has a lot of accidents | 128 _____ seems listless or lacks energy |

BEH/34

- | | |
|---|--|
| 129 _____ often interrupts adults or children | 146 _____ threatens to hurt self |
| 130 _____ is uncooperative | 147 _____ frequently sulks or pouts |
| 131 _____ frequently argues or disagrees | 148 _____ is demanding |
| 132 _____ is disobedient | 149 _____ manipulates others |
| 133 _____ refuses to listen | 150 _____ plays with matches or fire |
| 134 _____ is stubborn | 151 _____ swears or uses bad language |
| 135 _____ is resentful | 152 _____ wishes to be opposite sex |
| 136 _____ is secretive | 153 _____ likes to dress like opposite sex |
| 137 _____ is too aggressive | 154 _____ has been involved in vandalism |
| 138 _____ has a bad temper | 155 _____ smokes, drinks, or uses drugs |
| 139 _____ always has to have own way | 156 _____ is too interested in sex |
| 140 _____ threatens to run away from home | 157 _____ is in trouble with police |
| 141 _____ intentionally breaks things | 158 _____ is defiant |
| 142 _____ is cruel to animals | 159 _____ is irresponsible |
| 143 _____ often brags or boasts | 160 _____ does not complete chores |
| 144 _____ is a show-off | 161 _____ does not respond to punishment |
| 145 _____ threatens to hurt others | 162 _____ has a bad reputation |

Continue on next page ►

Check all problems which apply—Circle the most important.

VAL/14

- | | |
|--|---|
| 163 _____ frequently lies | 170 _____ is unappreciative |
| 164 _____ cheats at games | 171 _____ is unaware of other children's feelings |
| 165 _____ takes or uses other children's toys | 172 _____ does not know right from wrong |
| 166 _____ steals things from children or adults | 173 _____ ignores rules |
| 167 _____ blames others for mistakes | 174 _____ is disrespectful of authority |
| 168 _____ takes advantage of others | 175 _____ does not keep agreements |
| 169 _____ does not feel guilty after misbehaving | 176 _____ has poor sense of loyalty |
-

HAB/16

- | | |
|--|--|
| 177 _____ has problem with bedwetting | 185 _____ has episodes of sleepwalking |
| 178 _____ soils underwear | 186 _____ is overweight |
| 179 _____ does not wash | 187 _____ is underweight |
| 180 _____ does not brush teeth | 188 _____ is a messy eater |
| 181 _____ sleeps poorly | 189 _____ eats only a few favorite foods |
| 182 _____ is frequently tired | 190 _____ eats dirt or other non-food material |
| 183 _____ has frequent nightmares | 191 _____ is not concerned with appearance |
| 184 _____ has trouble getting to sleep | 192 _____ has poor manners |
-

HEA/10

- | | |
|--------------------------------------|---|
| 193 _____ is often sick or ill | 198 _____ often complains of being ill |
| 194 _____ has allergies | 199 _____ seems to enjoy being sick |
| 195 _____ has asthma | 200 _____ uses sickness to avoid chores or school |
| 196 _____ has frequent headaches | 201 _____ frequently vomits |
| 197 _____ has frequent stomach aches | 202 _____ has problems with bowel movements |
-

List any other problems your child might have.

CHILD/TEEN BRAIN SYSTEM CHECKLIST

Please rate your child/teen on each of the symptoms listed below using the following scale. If practical and/or possible, to give us the most complete picture, have the child/teen (Ch/Tn) rate himself or herself. Please list who filled this out. _____

0	1	2	3	4	NA
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable/Not Known

Ch/Tn Parent

- | | | | |
|-------|-------|-----|---|
| _____ | _____ | 1. | Failing to give close attention to details or making careless mistakes |
| _____ | _____ | 2. | Having trouble sustaining attention in routine situations (e.g., homework, chores, paperwork) |
| _____ | _____ | 3. | Having trouble listening |
| _____ | _____ | 4. | Failing to finish things |
| _____ | _____ | 5. | Having poor organization for time or space (such as a backpack, room, desk, paperwork) |
| _____ | _____ | 6. | Avoiding, disliking, or being reluctant to engage in tasks that require sustained mental effort |
| _____ | _____ | 7. | Losing things |
| _____ | _____ | 8. | Being easily distracted |
| _____ | _____ | 9. | Being forgetful |
| _____ | _____ | 10. | Having poor planning skills |
| _____ | _____ | 11. | Lacking clear goals or forward thinking |
| _____ | _____ | 12. | Having difficulty expressing feelings |
| _____ | _____ | 13. | Having difficulty expressing empathy for others |
| _____ | _____ | 14. | Experiencing excessive daydreaming |
| _____ | _____ | 15. | Feeling bored |
| _____ | _____ | 16. | Feeling apathetic or unmotivated |
| _____ | _____ | 17. | Feeling tired, sluggish or slow moving |
| _____ | _____ | 18. | Feeling spacey or "in a fog" |
| _____ | _____ | 19. | Feeling fidgety, restless or trouble sitting still |
| _____ | _____ | 20. | Having difficulty remaining seated in situations where remaining seated is expected |
| _____ | _____ | 21. | Running about or climbing excessively in situations in which it is inappropriate |
| _____ | _____ | 22. | Having difficulty playing quietly |
| _____ | _____ | 23. | Being always "on the go" or acting as if "driven by a motor" |
| _____ | _____ | 24. | Talking excessively |
| _____ | _____ | 25. | Blurting out answers before questions have been completed |
| _____ | _____ | 26. | Having difficulty waiting for turn |
| _____ | _____ | 27. | Interrupting or intruding on others (e.g., butting into conversations or games) |
| _____ | _____ | 28. | Behaving impulsively (saying or doing things without thinking first) |
| _____ | _____ | 29. | Worrying excessively or senselessly |
| _____ | _____ | 30. | Getting upset when things do not go your way |
| _____ | _____ | 31. | Getting upset when things are out of place |
| _____ | _____ | 32. | Tending to be oppositional or argumentative |
| _____ | _____ | 33. | Tending to have repetitive negative thoughts |
| _____ | _____ | 34. | Tending toward compulsive behaviors (i.e., things you feel you <i>must</i> do) |
| _____ | _____ | 35. | Intensely disliking change |
| _____ | _____ | 36. | Tending to hold grudges |
| _____ | _____ | 37. | Having trouble shifting attention from subject to subject |
| _____ | _____ | 38. | Having trouble shifting behavior from task to task |
| _____ | _____ | 39. | Having difficulties seeing options in situations |
| _____ | _____ | 40. | Tending to hold on to own opinion and not listen to others |
| _____ | _____ | 41. | Tending to get locked into a course of action, whether or not it is good |
| _____ | _____ | 42. | Needing to have things done a certain way or else becoming very upset |
| _____ | _____ | 43. | Others complaining that you worry too much |
| _____ | _____ | 44. | Tending to say no without first thinking about the question |
| _____ | _____ | 45. | Tending to predict fear |

46. Experiencing frequent feelings of sadness
47. Having feelings of moodiness
48. Having feelings of negativity
49. Having low energy
50. Being irritable
51. Having a decreased interest in other people
52. Having a decreased interest in things that are usually fun or pleasurable
53. Having feelings of hopelessness about the future
54. Having feelings of helplessness or powerlessness
55. Feeling dissatisfied or bored
56. Feeling excessive guilt
57. Having suicidal feelings
58. Having crying spells
59. Having lowered interest in things that are usually considered fun
60. Experiencing sleep changes (too much or too little)
61. Experiencing appetite changes (too much or too little)
62. Having chronic low self-esteem
63. Having a negative sensitivity to smells/odors
64. Frequently feeling nervous or anxious
65. Experiencing panic attacks
66. Symptoms of heightened muscle tension (such as headaches, sore muscles, hand tremors, etc.)
67. Experiencing periods of a pounding heart, a rapid heart rate, or chest pain
68. Experiencing periods of troubled breathing or feeling smothered
69. Experiencing periods of dizziness, faintness, or feeling unsteady on your feet
70. Feeling nausea or having an upset stomach
71. Experiencing periods of sweating, hot flashes, or cold flashes
72. Tending to predict the worst
73. Having a fear of dying or doing something crazy
74. Avoiding places for fear of having an anxiety attack
75. Avoiding conflict
76. Excessively fearing being judged or scrutinized by others
77. Having persistent phobias
78. Having low motivation
79. Having excessive motivation
80. Experiencing tics (either motor or vocal)
81. Having poor handwriting
82. Being quick to startle
83. Having a tendency to freeze in anxiety-provoking situations
84. Lacking confidence in own abilities
85. Feeling shy or timid
86. Being easily embarrassed
87. Being sensitive to criticism
88. Biting fingernails or picking at skin
89. Having a short fuse or experiencing periods of extreme irritability
90. Having periods of rage with little provocation
91. Often misinterpreting comments as negative when they are not
92. Finding that own irritability tends to build, then explodes, then recedes, often being tired after a rage
93. Having periods of spaciness and/or confusion
94. Experiencing periods of panic and/or fear for no specific reason
95. Experiencing visual and/or auditory changes, such as seeing shadows or hearing muffled sounds
96. Having frequent periods of *deja vu* (that is, feelings of having already been somewhere you've never been)
97. Being sensitive or mildly paranoid
98. Experiencing headaches or abdominal pain of uncertain origin
99. Having a history of a head injury or family history of violence or explosiveness
100. Having dark thoughts, ones that may involve suicidal or homicidal thoughts
101. Experiencing periods of forgetfulness or memory problems

LEARNING DISABILITY CHILD/TEEN SCREENING QUESTIONNAIRE

Please have the child or teen rate themselves on each of the symptoms listed below using the following scale. If there are questions not appropriate to age put NA. Also, please have another person who knows the child/teen well (such as a parent, tutor or teacher) rate the child/teen as well. List other person _____

0	1	2	3	4	NA
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable/Not Known

Ch/Tn Parent/Other

Reading

- | | | |
|-------|-------|---|
| _____ | _____ | 1. I am a poor reader. |
| _____ | _____ | 2. I do not like reading. |
| _____ | _____ | 3. I make mistakes when reading like skipping words or lines. |
| _____ | _____ | 4. I read the same line twice. |
| _____ | _____ | 5. I have problems remembering what I read even though I have read all the words. |
| _____ | _____ | 6. I reverse letters when I read (such as b/d, p/q). |
| _____ | _____ | 7. I switch letters in words when reading (such as god and dog). |
| _____ | _____ | 8. My eyes hurt or water when I read. |
| _____ | _____ | 9. Words tend to blur when I read. |
| _____ | _____ | 10. Words tend to move around the page when I read. |
| _____ | _____ | 11. When reading I have difficulty understanding the main idea or identifying important details from a story. |

Writing

- | | | |
|-------|-------|--|
| _____ | _____ | 12. I have "messy" handwriting. |
| _____ | _____ | 13. My work tends to be messy. |
| _____ | _____ | 14. I prefer print rather than writing in cursive. |
| _____ | _____ | 15. My letters run into each other or there is no space between words. |
| _____ | _____ | 16. I have trouble staying within lines. |
| _____ | _____ | 17. I have problems with grammar or punctuation. |
| _____ | _____ | 18. I am a poor speller. |
| _____ | _____ | 19. I have trouble copying off the board or from a page in a book. |
| _____ | _____ | 20. I have trouble getting thoughts from my brain to the paper. |
| _____ | _____ | 21. I can tell a story but cannot write it. |

Body Awareness/ Spatial Relationships

- | | | |
|-------|-------|--|
| _____ | _____ | 22. I have trouble with knowing my left from my right. |
| _____ | _____ | 23. I have trouble keeping things within columns or coloring within lines. |
| _____ | _____ | 24. I tend to be clumsy, uncoordinated. |
| _____ | _____ | 25. I have difficulty with eye hand coordination. |
| _____ | _____ | 26. I have difficulty with concepts such as up, down, over or under. |
| _____ | _____ | 27. I tend to bump into things when walking. |

Oral Expressive language

- | | | |
|-------|-------|---|
| _____ | _____ | 28. I have difficulty expressing myself in words. |
| _____ | _____ | 29. I have trouble finding the right word to say in conversations. |
| _____ | _____ | 30. I have trouble talking around a subject or getting to the point in conversations. |

Receptive language

- | | | |
|-------|-------|---|
| _____ | _____ | 31. I have trouble keeping up or understanding what is being said in conversations. |
| _____ | _____ | 32. I tend to misunderstand people and give the wrong answers in conversations. |
| _____ | _____ | 33. I have trouble understanding directions people tell me. |
| _____ | _____ | 34. I have trouble telling the direction sound is coming from. |
| _____ | _____ | 35. I have trouble filtering out background noises. |

GENERAL SYMPTOM CHECKLIST

Parents please rate your child or teen on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have the child or teen rate him/herself as well. For young children it may not be practical to have them fill out the questionnaire. Use your best judgment and do the best you can.

0	1	2	3	4	NA
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable/Not Known

Ch/Tn Parent

- | | | |
|-------|-------|---|
| _____ | _____ | 1. Feeling depressed or being in a sad mood |
| _____ | _____ | 2. Not having as much interest in things that are usually fun |
| _____ | _____ | 3. Experiencing a significant change in weight or appetite |
| _____ | _____ | 4. Having recurrent thoughts of death or suicide |
| _____ | _____ | 5. Experiencing sleep changes, such as a lack of sleep or a marked increase in sleep |
| _____ | _____ | 6. Having feelings of low energy or tiredness |
| _____ | _____ | 7. Having feelings of being worthless, helpless, hopeless or guilty |
| _____ | _____ | 8. Playing alone or being socially withdrawn |
| _____ | _____ | 9. Easily being made to cry |
| _____ | _____ | 10. Thinking bad or negative thoughts |
| _____ | _____ | 11. Having periods of an elevated, high or irritable mood |
| _____ | _____ | 12. Having periods of a very high self-esteem or big thinking |
| _____ | _____ | 13. Having periods of decreased need for sleep without feeling tired |
| _____ | _____ | 14. Being more talkative than usual or feeling pressure to keep talking |
| _____ | _____ | 15. Having fast thoughts or frequently jumping from one subject to another |
| _____ | _____ | 16. Being easily distracted by irrelevant things |
| _____ | _____ | 17. Having a marked increase in activity level |
| _____ | _____ | 18. Experiencing cyclic periods of angry, mean or violent behavior |
| _____ | _____ | 19. Having periods of time where you feel intensely anxious or nervous |
| _____ | _____ | 20. Having periods of trouble breathing or feeling smothered |
| _____ | _____ | 21. Having periods of feeling dizzy, faint or unsteady on your feet |
| _____ | _____ | 22. Having periods of heart pounding, fast heart rate or chest pain |
| _____ | _____ | 23. Having periods of trembling, shaking or sweating |
| _____ | _____ | 24. Having periods of nausea, stomach discomfort/trouble, or choking |
| _____ | _____ | 25. Having an intense fear of dying |
| _____ | _____ | 26. Lacking confidence in one's abilities |
| _____ | _____ | 27. Needing lots of reassurance |
| _____ | _____ | 28. Needing to be perfect |
| _____ | _____ | 29. Feeling fearful and/or anxious |
| _____ | _____ | 30. Being shy or timid |
| _____ | _____ | 31. Being easily embarrassed |
| _____ | _____ | 32. Being sensitive to criticism |
| _____ | _____ | 33. Biting fingernails or chews clothing |
| _____ | _____ | 34. Regularly refusing to go to school |
| _____ | _____ | 35. Having an excessive fear of interacting with other children or adults |
| _____ | _____ | 36. Having a persistent, excessive fear (e.g., of heights, closed spaces, specific animals, etc.). Please list: |
| _____ | _____ | _____ |
| _____ | _____ | 37. Being excessively anxious about separation from home or from those to whom you're attached. |
| _____ | _____ | 38. Having recurrent bothersome thoughts, ideas, or images that you try to ignore |
| _____ | _____ | 39. Having trouble getting "stuck" on certain thoughts, or having the same thought over and over |
| _____ | _____ | 40. Experiencing excessive or senseless worrying |
| _____ | _____ | 41. Others complaining that you worry too much or get "stuck" on the same thoughts |

- _____ 42. Having compulsive behaviors that you must do or else you feel very anxious, such as excessive hand washing, cleaning, checking locks, or counting or spelling
- _____ 43. Needing to have things done a certain way or else you become very upset
- _____ 44. Experiencing recurrent and upsetting thoughts of a past traumatic event (molestation [sexually inappropriate touching], an accident, a fire, etc.). Please list: _____
- _____ 45. Experiencing recurrent distressing dreams of a past upsetting event
- _____ 46. Having a sense of reliving a past upsetting event
- _____ 47. Spending effort avoiding thoughts or feelings related to a past trauma
- _____ 48. Feeling that your future is shortened
- _____ 49. Being quick to startle
- _____ 50. Feeling like you're always watching for bad things to happen
- _____ 51. Refusing to maintain body weight above a level that most people consider healthy
- _____ 52. Intensely fearing gaining weight or becoming fat even though underweight
- _____ 53. Having feelings of being fat, even though you're underweight
- _____ 54. Experiencing recurrent episodes of eating large amounts of food
- _____ 55. Feeling a lack of control over eating behavior
- _____ 56. Engaging in activities to eliminate excess food, such as self-induced vomiting, laxatives, strict dieting, or strenuous exercise
- _____ 57. Being overly concerned with body shape and weight
- _____ 58. Experiencing involuntary physical movements and/or motor tics (such as eye blinking, shoulder shrugging, head jerking or picking). How long have motor tics been present? _____ How often? _____
Please describe: _____
- _____ 59. Experiencing involuntary vocal sounds and/or verbal tics (such as coughing, puffing, blowing, whistling, swearing). How long have verbal tics been present? _____ How often? _____
Please describe: _____
- _____ 60. Behaving in a repetitive, seemingly driven motor manner (e.g., hand-shaking or waving, body-rocking, head-banging, mouthing of objects, self-biting, picking at skin or bodily orifices, hitting own body) that interferes with normal activities or results in self-inflicted bodily injury that requires medical treatment (or would result in an injury if preventive measures were not used).
- _____ 61. Eliminating feces in inappropriate places (e.g., clothing or floor).
- _____ 62. Bed wetting. If present, how often? _____
- _____ 63. Being unable to speak in specific social situations (in which there is an expectation for speaking, e.g., at school) despite speaking in other situations.
- _____ 64. Experiencing delusional or bizarre thoughts (thoughts you know others would think are false)
- _____ 65. Experiencing visual hallucinations, seeing objects or images are not really present
- _____ 66. Hearing voices that are not really present
- _____ 67. Behaving in an odd manner
- _____ 68. Having poor personal hygiene and/or grooming
- _____ 69. Being in an inappropriate mood for a given situation (e.g., laughing at sad events)
- _____ 70. Frequently feeling that someone or something is out to hurt you
- _____ 71. Having problems with social relatedness before the age of 5, either by failing to respond appropriately to others or becoming indiscriminately attached to others
- _____ 72. Having multiple changes in caregivers before the age of 5
- _____ 73. Stealing behavior
- _____ 74. Bullying, threatening, or intimidating others
- _____ 75. Initiating physical fights
- _____ 76. Being cruel to animals
- _____ 77. Forcing others into things they do not want to do (sexually or criminally)
- _____ 78. Setting fires
- _____ 79. Being destructive to property

- _____ 80. Breaking another person's home, school, car, or place of business
- _____ 81. Lying behavior
- _____ 82. Staying out at night despite parental prohibitions
- _____ 83. Running away overnight
- _____ 84. Cutting school (truancy)
- _____ 85. Not seeming sorry for hurting others
- _____ 86. Behaving in a negative, hostile, or defiant way
- _____ 87. Losing temper
- _____ 88. Arguing with adults
- _____ 89. Actively defying or refusing to comply with adults' requests or rules
- _____ 90. Annoying people deliberately
- _____ 91. Blaming others for own mistakes and/or misbehavior
- _____ 92. Being touchy or easily annoyed by others
- _____ 93. Being angry and/or resentful
- _____ 94. Behaving spitefully or vindictively
- _____ 95. Having an impairment in communication as manifested by at least one of the following (please circle all that apply):
- A delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
 - In individuals with adequate speech, a marked impairment in the ability to initiate or sustain a conversation with others
 - A repetitive use of language or odd language
 - A lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level
- _____ 96. Having an impairment in social interaction, with at least two of the following (please circle all that apply):
- A marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
 - A failure to develop peer relationships appropriate to developmental level
 - A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
 - A lack of social or emotional reciprocity
- _____ 97. Showing repetitive patterns of behavior, interests, and activities, as manifested by at least one of the following (please circle all that apply):
- A preoccupation with an area of that is abnormal either in intensity or focus
 - A rigid adherence to specific, nonfunctional routines or rituals
 - Any repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
 - A persistent preoccupation with parts of objects
- _____ 98. Stuttering
- _____ 99. Feeling tired during the day
- _____ 100. Feeling cold when others feel fine or they are warm
- _____ 101. Often feeling warm when others feel fine or they are cold
- _____ 102. Having problems with brittle or dry hair
- _____ 103. Having problems with dry skin
- _____ 104. Having problems with sweating
- _____ 105. Having problems with chronic anxiety or tension