

Brian Razzino, Ph.D., PC and Associates
150 Little Falls Street (Suite 200 and 202)
Falls Church, VA 22046
Suite 200: 703-533-7779
Suite 202: 703-533-8922

Child and Adolescent History Form

Please fill out the form to the best of your knowledge. If some questions are not applicable to your child, write N.A. If you need more space or wish to make additional comments, please attach a separate sheet or write on the back.

General Information

Child: _____ Date: _____

Child's Name _____
First Middle Last

Preferred Name: _____ Sex: _____ Birthdate: _____
Age: _____ Grade: _____ Religion: _____ Ethnicity: _____

Child Lives At: _____
Number and Street City, State, Zip

Name and Address of Child's School _____

School Telephone: _____ Teacher's Name: _____

Has testing been completed by school? _____ Date of Testing _____
(If so, please attach a copy of the school evaluation.)

May we contact the school? _____

Name of Person Completing this Form _____

Relationship to Child _____

Parents/guardians:

Mother's Name _____

First Middle Last

Address (if different from child's) _____

Number and Street City, State, Zip

Telephone (Day) _____ (Evening) _____

Education _____ Occupation _____

Firm's Name and Address _____

Mother's Marital Status _____ Height _____ Weight _____ Age _____

Referral Information

Child was referred by:

Name and Title: _____

Address: _____

Telephone: () _____

Reason for Referral: What are your primary concerns?

1) _____

2) _____

3) _____

Pediatrician or Family Doctor:

Name: _____ Telephone: _____

Address: _____

Current Mental Health Professional:

Name and Title: _____

Address: _____ Telephone: _____

Birth History - Prenatal

List all of mother's pregnancies in order, including the Child. If the pregnancy ended in a miscarriage, state at which month.

Year	Mother's Age	Name of Child	Length of Pregnancy	Birth Weight	Sex	Complications	Health or Developmental Problems

Child is the _____ among _____ born to the mother.

Was the child planned? _____

What was the mother's reaction to the pregnancy? Please Describe. _____

What was the father's or partner's reaction to the pregnancy? Please Describe. _____

Did the mother plan to be pregnant? _____ Did the mother want to be pregnant? _____

How active was the baby? _____

Check which of the following conditions occurred during the pregnancy and elaborate (month, amount, treatment) in the space below:

Medications used: _____
Edema (swelling of the hands and feet) _____
High Blood Pressure _____ Emotional Stress _____
Vaginal Bleeding _____ Fever _____
Hospitalization _____ Illnesses _____
Infections (colds, flu, urinary tract, rubella, vaginal)) _____
X-Ray Studies _____ Epilepsy or Seizures _____
Cigarette Use (ave. number/day) _____ Alcohol Use _____
Cocaine Use _____ Marijuana Use _____
Heroin Use _____ Other Drug Use _____

Birth History

Place Child Born: _____ Birth Weight and Height _____
Presentation (breech vs. head) _____ Anesthesia? (gas, spinal, local) _____
Hours of Labor _____ Type of Labor Onset (induced or spontaneous) _____
Type of Birth (c/section vs. vaginal) _____ If c/section, why? _____
APGAR score (if known) _____ early or late _____ how many weeks _____
Was there anything wrong with the baby after delivery? _____

Did the baby have any of the following problems?

Trouble breathing _____ Need for ventilation _____
Cord around neck _____ Poor feeding _____
Required a blood transfusion _____ Jaundice _____
Vomiting _____ Hemorrhage (bleeding) in head _____
Floppy _____ Large ventricles (water on the head) _____

Health History

Please check which of the following your child has had and note the age, complications, and frequency:

hospitalizations _____ falls frequently _____
surgery _____ vision problems _____
allergies _____ hearing problems _____
asthma _____ ear infections (how many?) _____
other infections _____
what medications does (s)he take? _____
what medications has (s)he taken? _____
medications for convulsion _____ medications for _____ activity _____
trauma (lacerations and fractures) _____

head trauma/head injury	_____	coma	_____
loss of consciousness	_____	staring spells	_____
tics	_____	bed wetting	_____
ingestion	_____	stool soiling	_____
tremor	_____	sleep problems	_____
anemia	_____	floppy	_____
pica (eating or mouthing non food items such as dirt or paper)	_____		
colic	_____	seizures	_____
other long term medical complaints or problems	_____		

Lab Tests

Has your child had the following tests and what were the results?

EEG	_____	thyroid	_____	amino acids	_____
organic acids	_____	head CT	_____	lead	_____

Developmental Milestones

How old was your child when (s)he did the following:

Sit	_____	crawl	_____	walk	_____
Pedal a 3 wheeler	_____	pedal a 2 wheeler	_____		
Smile in response	_____	1 st word other than mama or dada	_____		
Know primary colors	_____	sound out letters of the alphabet	_____		
Print 1 st and last name	_____	tie shoes	_____		
Spread with a knife	_____	cut meat with a knife	_____		

Family History

After each of the following conditions indicate if any immediate relatives have them (mom, dad, maternal or paternal grandparents, sisters or brothers, maternal or paternal aunts or uncles):

thyroid problems	_____	bed wetting after 5 yrs.	_____
kidney disease	_____	slowness in talking	_____
heart disease	_____	slowness in walking	_____
cancer	_____	birth defects	_____
high blood pressure	_____	sudden death	_____
vision problems	_____	hearing problems	_____
seizures	_____	speech problems	_____
cerebral palsy	_____	trouble reading	_____
arthritis	_____	trouble with math	_____
lupus	_____	mental retardation	_____
tics	_____	autism	_____

Are there any diseases that run in the family?

Child's Relatives

Please indicate which of the following conditions were or ~~are~~ present in your child's immediate biological relatives, as best you can. Check the box corresponding with the relative(s) possessing the disorder listed on the right.

	Mother	Father	Sister(s) How many?	Brother(s) How many?	Grandparents Which?	Aunts/Uncles Which?
Hyperactivity						
Attention Problems						
Tics						
Emotional Problems						
Juvenile Delinquent						
Alcoholism						
Substance Abuse						
Time in Jail						
Learning Problems						
Mental Retardation						
Autism						
Developmental Delay						
Schizophrenia						
Depression						
Mania						
Other Emotional Problem (specify)						
Sleep Problems (specify)						

CHILD BEHAVIOR CHECKLIST FOR AGES 4-18

For office use only
ID # _____

CHILD'S NAME		PARENTS' USUAL TYPE OF WORK, even if not working now. (Please be specific—for example, auto mechanic, high school teacher, homemaker, laborer, laundress, shoe salesman, army sergeant.)	
SEX <input type="checkbox"/> Boy <input type="checkbox"/> Girl	AGE	ETHNIC GROUP OR RACE	FATHER'S TYPE OF WORK: _____
TODAY'S DATE Mo. _____ Date _____ Yr. _____		CHILD'S BIRTHDATE Mo. _____ Date _____ Yr. _____	
GRADE IN SCHOOL	Please fill out this form to reflect your view of the child's behavior even if other people might not agree. Feel free to write additional comments beside each item and in the spaces provided on page 2.		
NOT ATTENDING SCHOOL <input type="checkbox"/>			
		MOTHER'S TYPE OF WORK: _____	
		THIS FORM FILLED OUT BY:	
		<input type="checkbox"/> Mother (name): _____	
		<input type="checkbox"/> Father (name): _____	
		<input type="checkbox"/> Other—name & relationship to child: _____	

<p>I. Please list the sports your child most likes to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.</p> <p><input type="checkbox"/> None</p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p>	<p>Compared to others of the same age, about how much time does he/she spend in each?</p> <table style="width: 100%; text-align: center;"> <tr> <td>Don't Know</td> <td>Less Than Average</td> <td>Average</td> <td>More Than Average</td> </tr> </table>	Don't Know	Less Than Average	Average	More Than Average	<p>Compared to others of the same age, how well does he/she do each one?</p> <table style="width: 100%; text-align: center;"> <tr> <td>Don't Know</td> <td>Below Average</td> <td>Average</td> <td>Above Average</td> </tr> </table>	Don't Know	Below Average	Average	Above Average																
Don't Know	Less Than Average	Average	More Than Average																							
Don't Know	Below Average	Average	Above Average																							
	<table style="width: 100%;"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table style="width: 100%;"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							

<p>II. Please list your child's favorite hobbies, activities, and games, other than sports. For example: stamps, dolls, books, piano, crafts, cars, singing, etc. (Do not include listening to radio or TV.)</p> <p><input type="checkbox"/> None</p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p>	<p>Compared to others of the same age, about how much time does he/she spend in each?</p> <table style="width: 100%; text-align: center;"> <tr> <td>Don't Know</td> <td>Less Than Average</td> <td>Average</td> <td>More Than Average</td> </tr> </table>	Don't Know	Less Than Average	Average	More Than Average	<p>Compared to others of the same age, how well does he/she do each one?</p> <table style="width: 100%; text-align: center;"> <tr> <td>Don't Know</td> <td>Below Average</td> <td>Average</td> <td>Above Average</td> </tr> </table>	Don't Know	Below Average	Average	Above Average																
Don't Know	Less Than Average	Average	More Than Average																							
Don't Know	Below Average	Average	Above Average																							
	<table style="width: 100%;"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table style="width: 100%;"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							

<p>III. Please list any organizations, clubs, teams, or groups your child belongs to.</p> <p><input type="checkbox"/> None</p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p>	<p>Compared to others of the same age, how active is he/she in each?</p> <table style="width: 100%; text-align: center;"> <tr> <td>Don't Know</td> <td>Less Active</td> <td>Average</td> <td>More Active</td> </tr> </table>	Don't Know	Less Active	Average	More Active									
Don't Know	Less Active	Average	More Active											
	<table style="width: 100%;"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

<p>IV. Please list any jobs or chores your child has. For example: paper route, babysitting, making bed, working in store, etc. (include both paid and unpaid jobs and chores.)</p> <p><input type="checkbox"/> None</p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p>	<p>Compared to others of the same age, how well does he/she carry them out?</p> <table style="width: 100%; text-align: center;"> <tr> <td>Don't Know</td> <td>Below Average</td> <td>Average</td> <td>Above Average</td> </tr> </table>	Don't Know	Below Average	Average	Above Average									
Don't Know	Below Average	Average	Above Average											
	<table style="width: 100%;"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

- V. 1. About how many close friends does your child have? None 1 2 or 3 4 or more
 (Do not include brothers & sisters)
2. About how many times a week does your child do things with any friends outside of regular school hours?
 (Do not include brothers & sisters) Less than 1 1 or 2 3 or more

VI. Compared to others of his/her age, how well does your child:

- | | Worse | About Average | Better | |
|---|--------------------------|--------------------------|--------------------------|--|
| a. Get along with his/her brothers & sisters? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Has no brothers or sister |
| b. Get along with other kids? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Behave with his/her parents? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. Play and work by himself/herself? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

VII. 1. For ages 8 and older - performance in academic subjects. If child is not being taught, please give reason _____

- | | Failing | Below average | Average | Above average |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Reading, English, or Language Arts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. History or Social Studies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Arithmetic or Math | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Science | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other academic subjects - for example: computer courses, foreign language, business. Do not include gym, shop, driver's ed., etc. | | | | |
| e. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Is your child in a special class or special school? No Yes - what kind of class or school?

3. Has your child repeated a grade? No Yes - grade and reason

4. Has your child had any academic or other problems in school? No Yes - please describe

When did these problems start?

Have these problems ended? No Yes - when?

Does your child have any illness, physical disability, or mental handicap? No Yes - please describe

What concerns you most about your child?

Please describe the best things about your child:

months, please circle the 2 if the item is very true or often true of your child. Circle the 1 if the item is somewhat or sometimes true of your child. If the item is not true of your child, circle the 0. Please answer all items as well as you can, even if some not seem to apply to your child.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

- | | | | | | | | | | |
|---|---|---|-----|---|---|---|---|-----|--|
| 0 | 1 | 2 | 1. | Acts too young for his/her age | 0 | 1 | 2 | 31. | Fears he/she might think or do something bad |
| 0 | 1 | 2 | 2. | Allergy (describe): _____ | 0 | 1 | 2 | 32. | Feels he/she has to be perfect |
| | | | | _____ | 0 | 1 | 2 | 33. | Feels or complains that no one loves him |
| 0 | 1 | 2 | 3. | Argues a lot | 0 | 1 | 2 | 34. | Feels others are out to get him/her |
| 0 | 1 | 2 | 4. | Asthma | 0 | 1 | 2 | 35. | Feels worthless or inferior |
| 0 | 1 | 2 | 5. | Behaves like opposite sex | 0 | 1 | 2 | 36. | Gets hurt a lot, accident-prone |
| 0 | 1 | 2 | 6. | Bowel movements outside toilet | 0 | 1 | 2 | 37. | Gets in many fights |
| 0 | 1 | 2 | 7. | Bragging, boasting | 0 | 1 | 2 | 38. | Gets teased a lot |
| 0 | 1 | 2 | 8. | Can't concentrate, can't pay attention for long | 0 | 1 | 2 | 39. | Hangs around with others who get in trouble |
| 0 | 1 | 2 | 9. | Can't get his/her mind off certain thoughts; obsessions (describe): _____ | 0 | 1 | 2 | 40. | Hears sounds or voices that aren't there (describe): _____ |
| | | | | _____ | | | | | |
| 0 | 1 | 2 | 10. | Can't sit still, restless, or hyperactive | 0 | 1 | 2 | 41. | Impulsive or acts without thinking |
| 0 | 1 | 2 | 11. | Clings to adults or too dependent | 0 | 1 | 2 | 42. | Would rather be alone than with others |
| 0 | 1 | 2 | 12. | Complains of loneliness | 0 | 1 | 2 | 43. | Lying or cheating |
| 0 | 1 | 2 | 13. | Confused or seems to be in a fog | 0 | 1 | 2 | 44. | Bites fingernails |
| 0 | 1 | 2 | 14. | Cries a lot | 0 | 1 | 2 | 45. | Nervous, high-strung, or tense |
| 0 | 1 | 2 | 15. | Cruel to animals | 0 | 1 | 2 | 46. | Nervous movements or twitching (describe): _____ |
| 0 | 1 | 2 | 16. | Cruelty, bullying, or meanness to others | | | | | |
| 0 | 1 | 2 | 17. | Day-dreams or gets lost in his/her thoughts | 0 | 1 | 2 | 47. | Nightmares |
| 0 | 1 | 2 | 18. | Deliberately harms self or attempts suicide | 0 | 1 | 2 | 48. | Not liked by other kids |
| 0 | 1 | 2 | 19. | Demands a lot of attention | 0 | 1 | 2 | 49. | Constipated, doesn't move bowels |
| 0 | 1 | 2 | 20. | Destroys his/her own things | 0 | 1 | 2 | 50. | Too fearful or anxious |
| 0 | 1 | 2 | 21. | Destroys things belonging to his/her family or others | 0 | 1 | 2 | 51. | Feels dizzy |
| 0 | 1 | 2 | 22. | Disobedient at home | 0 | 1 | 2 | 52. | Feels too guilty |
| 0 | 1 | 2 | 23. | Disobedient at school | 0 | 1 | 2 | 53. | Overeating |
| 0 | 1 | 2 | 24. | Doesn't eat well | 0 | 1 | 2 | 54. | Overtired |
| 0 | 1 | 2 | 25. | Doesn't get along with other kids | 0 | 1 | 2 | 55. | Overweight |
| 0 | 1 | 2 | 26. | Doesn't seem to feel guilty after misbehaving | | | | 56. | Physical problems without known cause: |
| 0 | 1 | 2 | 27. | Easily jealous | 0 | 1 | 2 | a. | Aches or pains (not headaches) |
| 0 | 1 | 2 | 28. | Eats or drinks things that are not food -- don't include sweets (describe): _____ | 0 | 1 | 2 | b. | Headaches |
| | | | | _____ | 0 | 1 | 2 | c. | Nausea, feels sick |
| | | | | _____ | 0 | 1 | 2 | d. | Problems with eyes (describe): _____ |
| 0 | 1 | 2 | 29. | Fears certain animals, situations, or places, other than school (describe): _____ | 0 | 1 | 2 | e. | Rashes or other skin problems |
| | | | | _____ | 0 | 1 | 2 | f. | Stomachaches or cramps |
| | | | | _____ | 0 | 1 | 2 | g. | Vomiting, throwing up |
| 0 | 1 | 2 | 30. | Fears going to school | 0 | 1 | 2 | h. | Other (describe): _____ |
| | | | | | | | | | |

0 = Not True (as far as you know) 1 = Somewhat or Sometimes True 2 = Very True or Often True

- | | | | | | | | |
|---|---|---|--|---|---|---|--|
| 0 | 1 | 2 | 57. Physically attacks people | 0 | 1 | 2 | 84. Strange behavior (describe): |
| 0 | 1 | 2 | 58. Ploke nose, skin, or other parts of body (describe): | | | | |
| 0 | 1 | 2 | 59. Plays with own sex parts in public | 0 | 1 | 2 | 85. Strange ideas (describe): |
| 0 | 1 | 2 | 60. Plays with own sex parts too much | | | | |
| 0 | 1 | 2 | 61. Poor school work | 0 | 1 | 2 | 86. Stubborn, sullen, or irritable |
| 0 | 1 | 2 | 62. Poorly coordinated or clumsy | 0 | 1 | 2 | 87. Sudden changes in mood or feelings |
| 0 | 1 | 2 | 63. Prefers being with older kids | 0 | 1 | 2 | 88. Sulks a lot |
| 0 | 1 | 2 | 64. Prefers being with younger kids | 0 | 1 | 2 | 89. Suspicious |
| 0 | 1 | 2 | 65. Refuses to talk | 0 | 1 | 2 | 90. Swearing or obscene language |
| 0 | 1 | 2 | 66. Repeats certain acts over and over; compulsions (describe): | 0 | 1 | 2 | 91. Talks about killing self |
| | | | | 0 | 1 | 2 | 92. Talks or walks in sleep (describe): |
| 0 | 1 | 2 | 67. Runs away from home | 0 | 1 | 2 | 93. Talks too much |
| 0 | 1 | 2 | 68. Screams a lot | 0 | 1 | 2 | 94. Teases a lot |
| 0 | 1 | 2 | 69. Secretive, keeps things to self | 0 | 1 | 2 | 95. Temper tantrums or hot temper |
| 0 | 1 | 2 | 70. Sees things that aren't there (describe): | 0 | 1 | 2 | 96. Thinks about sex too much |
| | | | | 0 | 1 | 2 | 97. Threatens people |
| | | | | 0 | 1 | 2 | 98. Thumb-sucking |
| 0 | 1 | 2 | 71. Self-conscious or easily embarrassed | 0 | 1 | 2 | 99. Too concerned with neatness or cleanliness |
| 0 | 1 | 2 | 72. Sets fires | 0 | 1 | 2 | 100. Trouble sleeping (describe): |
| 0 | 1 | 2 | 73. Sexual problems (describe): | 0 | 1 | 2 | 101. Truancy, skips school |
| | | | | 0 | 1 | 2 | 102. Underactive, slow moving, or lacks energy |
| 0 | 1 | 2 | 74. Showing off or clowning | 0 | 1 | 2 | 103. Unhappy, sad, or depressed |
| 0 | 1 | 2 | 75. Shy or timid | 0 | 1 | 2 | 104. Unusually loud |
| 0 | 1 | 2 | 76. Sleeps less than most kids | 0 | 1 | 2 | 105. Uses alcohol or drugs for nonmedical purposes (describe): |
| 0 | 1 | 2 | 77. Sleeps more than most kids during day and/or night (describe): | 0 | 1 | 2 | 106. Vandalism |
| | | | | 0 | 1 | 2 | 107. Wets self during the day |
| 0 | 1 | 2 | 78. Smears or plays with bowel movements | 0 | 1 | 2 | 108. Wets the bed |
| 0 | 1 | 2 | 79. Speech problem (describe): | 0 | 1 | 2 | 109. Whining |
| | | | | 0 | 1 | 2 | 110. Wishes to be of opposite sex |
| 0 | 1 | 2 | 80. Stares blankly | 0 | 1 | 2 | 111. Withdrawn, doesn't get involved with others |
| 0 | 1 | 2 | 81. Steals at home | 0 | 1 | 2 | 112. Worries |
| 0 | 1 | 2 | 82. Steals outside the home | | | | 113. Please write in any problems your child that were not listed above: |
| 0 | 1 | 2 | 83. Stores up things he/she doesn't need (describe): | 0 | 1 | 2 | |
| | | | | 0 | 1 | 2 | |

UNDERLINE ALL ITEMS

UNDERLINE ANY YOU ARE CONCERNED /

HOME SITUATIONS QUESTIONNAIRE-REVISED

Name of Child _____ Date _____

Name of Person Completing This Form _____

Does this child have problems paying attention or concentrating in any of these situations? If so, indicate how severe these attentional difficulties are.

<i>Situations</i>	<i>Yes/No</i> (Circle one)		<i>If yes, how severe?</i>								
	Yes	No	Mild	(Circle One)							Severe
While playing alone	Yes	No	1	2	3	4	5	6	7	8	9
While playing with other children	Yes	No	1	2	3	4	5	6	7	8	9
Mealtimes	Yes	No	1	2	3	4	5	6	7	8	9
Getting dressed	Yes	No	1	2	3	4	5	6	7	8	9
When watching TV	Yes	No	1	2	3	4	5	6	7	8	9
When visitors are in your home	Yes	No	1	2	3	4	5	6	7	8	9
When you are visiting someone else	Yes	No	1	2	3	4	5	6	7	8	9
At church or Sunday school	Yes	No	1	2	3	4	5	6	7	8	9
In supermarkets, stores, restaurants, or other public areas	Yes	No	1	2	3	4	5	6	7	8	9
When asked to do chores at home	Yes	No	1	2	3	4	5	6	7	8	9
During conversations with others	Yes	No	1	2	3	4	5	6	7	8	9
While in the car	Yes	No	1	2	3	4	5	6	7	8	9
When father is home	Yes	No	1	2	3	4	5	6	7	8	9
When asked to do school homework	Yes	No	1	2	3	4	5	6	7	8	9

ADHD RATING SCALE -IV-HOME VERSION

Child's name _____ Age _____ Grade _____

Completed by _____ Date _____

Circle that best describes your child's home behavior over the past months.

	Never Or Rarely	Sometimes	Often	Very Often
1. Fails to give close attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Fidgets with hands or feet or squirms in seat	0	1	2	3
3. Has difficulty sustaining attention in tasks or play activities	0	1	2	3
4. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
5. Does not seem to listen when spoken to directly.	0	1	2	3
6. Runs about or climbs excessively in situations in which it is inappropriate.	0	1	2	3
7. Does not follow through on instructions and fails to finish work.	0	1	2	3
8. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
9. Has difficulty organizing tasks and activities	0	1	2	3
10. Is "on the go" or acts as if "driven by a motor."	0	1	2	3
11. Avoids tasks (e.g., schoolwork, homework) that require sustained mental effort.	0	1	2	3
12. Talks excessively.	0	1	2	3
13. Loses things necessary for tasks or activities.	0	1	2	3
14. Blurts out answers before questions have been completed.	0	1	2	3
15. Is easily distracted.	0	1	2	3
16. Has difficulty awaiting turn.	0	1	2	3
17. Is forgetful in daily activities.	0	1	2	3
18. Interrupts or intrudes on others	0	1	2	3

CHILDREN'S ATYPICAL DEVELOPMENT SCALE (CADS)

Child's Name _____ Sex _____ Date of Birth _____

This form was filled out by _____ Race _____ Date _____

Below is a list of behaviors. For each item, please circle 2 if the item is very true or often true of your child. Circle 1 if the item is somewhat or sometimes true. If the item is not true of your child, circle 0. Please answer all items as well as you can, even if some do not seem to apply to your child.

0 = Not True

1 = Somewhat or Sometimes True

2 = Very True or Often True

- | | 0 | 1 | 2 |
|---|---|---|---|
| 1. "Misses the point" or main ideas in conversation | 0 | 1 | 2 |
| 2. Rambling speech—ideas is not connected to the next. | 0 | 1 | 2 |
| 3. Refers to self in the third person (e.g., uses own name instead of "I" or "me") | 0 | 1 | 2 |
| 4. Makes odd noises/talks in odd voices | 0 | 1 | 2 |
| 5. Obsessive interest in narrow or atypical topic or event (e.g., death, the supernatural anatomy, fantasy characters) | 0 | 1 | 2 |
| 6. Makes irrelevant comments | 0 | 1 | 2 |
| 7. Insists on sticking to unusual routines | 0 | 1 | 2 |
| 8. Lacks interest in toys or uses toys in an unusual manner | 0 | 1 | 2 |
| 9. Strong attachments to inanimate objects | 0 | 1 | 2 |
| 10. Unusual aversions to neutral objects or situations or situations (e.g., will not wear certain materials, refuses to walk up a certain stairway) | 0 | 1 | 2 |
| 11. Engages in repetitive or stereotypic behavior (e.g., shakes or flaps hands, repeatedly touches hair or other material) | 0 | 1 | 2 |
| 12. Extreme reactions to minor inconveniences or irritations | 0 | 1 | 2 |
| 13. Difficulties dealing with change in daily schedule or routines | 0 | 1 | 2 |
| 14. Marked lack of concern for appearance | 0 | 1 | 2 |
| 15. Lacks social discretion (e.g. comments on people's behavior in public without concern for their feelings) | 0 | 1 | 2 |
| 16. Acts as if other people were not in the same room | 0 | 1 | 2 |
| 17. Poor judge of other people's reactions or feelings | 0 | 1 | 2 |
| 18. Reveals overly personal detail to acquaintance or strangers | 0 | 1 | 2 |
| 19. Lacks interest in peers | 0 | 1 | 2 |
| 20. Makes poor eye contact with others | 0 | 1 | 2 |
| 21. Does not appreciate personal space (e.g., stands too close or talks with back to person) | 0 | 1 | 2 |

22.	Mood changes quickly without apparent reason	0	1	2
23.	Describes the details of an event but misses the meaning or importance of it	0	1	2
24.	Sits, stands, or walks in odd postures	0	1	2
25.	Attributes meaning to events that are simply a coincidence	0	1	2
26.	Believes others are talking about him/her when others are speaking softly among themselves	0	1	2
27.	Overly suspicious of others	0	1	2
28.	Confuses the sequence in which events occurred when describing them	0	1	2
29.	Lacks compassion when others are hurt or finds it humorous	0	1	2
30.	Laughs or cries for little apparent reason	0	1	2
31.	Attends to background or distant sound that others would ignore	0	1	2
32.	Excessively preoccupied with violent stories, TV shows, or weapons	0	1	2
33.	Confuses the causes of events or fails to understand how events cause other events	0	1	2
34.	Draws excessively detailed pictures	0	1	2
35.	Dislikes being held or touched	0	1	2
36.	Keeps a diary or journal of rambling thoughts or random ideas	0	1	2
37.	Speaks in half-thoughts or incomplete phrases without concern for whether others can understand or follow his/her ideas	0	1	2
38.	Gets angry for little apparent reason	0	1	2
39.	Has unusual fears not typical for his/her age group (e.g., afraid to take shower or put head under the water after 6 years of age)	0	1	2
40.	Hoards worthless objects that have no apparent meaning or value	0	1	2
41.	Speaks in excessively loud or soft voices	0	1	2
42.	Overreacts to pain (e.g., bumps leg and screams or cries excessively)	0	1	2
43.	Exhibits ritualistic behavior (e.g., has to line up toys in a particular order after using them)	0	1	2
44.	Spends an unusual amount of time fantasizing	0	1	2
45.	Mouths or chews objects	0	1	2
46.	Seems to be extremely naïve for his/her age (e.g., believes anything he/she is told)	0	1	
47.	Does not respond to the initiations of other children	0	1	2
48.	Picks nose, skin, or other parts of the body	0	1	2
49.	Makes bizarre statements	0	1	2
50.	Interacts with acquaintances and strangers in a similar manner	0	1	
51.	Hits or bites self	0	1	
52.	Repeats certain acts over and over	0	1	
53.	Lacks modesty for his/her age	0	1	