



Parent - Please mark under the heading that best fits your child:

(Ages 4 to 18 years)

	NEVER	SOMETIMES	OFTEN
1. Complains of aches or pains	()	()	()
2. Spends more time alone	()	()	()
3. Tires easily, little energy	()	()	()
4. Fidgety, unable to sit still	()	()	()
5. Has trouble with a teacher	()	()	()
6. Less interested in school	()	()	()
7. Acts as if driven by a motor	()	()	()
8. Daydreams too much	()	()	()
9. Distracted easily	()	()	()
10. Is afraid of new situations	()	()	()
11. Feels sad, unhappy	()	()	()
12. Is irritable, angry	()	()	()
13. Feels hopeless	()	()	()
14. Has trouble concentrating	()	()	()
15. Less interest in friends	()	()	()
16. Fights with other children	()	()	()
17. Absent from school	()	()	()
18. School grades dropping	()	()	()
19. Is down on him or herself	()	()	()
20. Visits doctor with doctor finding nothing wrong	()	()	()
21. Has trouble sleeping	()	()	()
22. Worries a lot	()	()	()
23. Wants to be with you more than before	()	()	()
24. Feels he or she is bad	()	()	()
25. Takes unnecessary risks	()	()	()
26. Gets hurt frequently	()	()	()
27. Seems to be having less fun	()	()	()
28. Acts younger than children his or her age	()	()	()
29. Does not listen to rules	()	()	()
30. Does not show feelings	()	()	()
31. Does not understand other people's feelings	()	()	()
32. Teases others	()	()	()
33. Blames others for his or her troubles	()	()	()
34. Takes things that do not belong to him or her	()	()	()
35. Refuses to share	()	()	()

Account Number:	
Age:	DOB:
Phone:	PC:
Date:	Clinician:

Clinician Initials: _____
Date: _____