

Please read each question carefully and

1. Check the box that best describes your child's behavior *and*
 2. Check the circle 0 if this behavior is a concern

MOST. - OF THE RARELY CHECK
 OF THE OR THIS IS A
 TIME SOMETIMES NEVER CONCERN

1. Does your child look at you when you talk to him?

z v x 0

2. Does your child cling to you more than you expect?

x v z 0

3. Does your child talk and/or play with adults she knows well?

z - v x 0

4. When upset, can your child calm down within 15 minutes?

z v x 0

5. Does your child like to be hugged or cuddled?

z v x 0

6. Does your child seem too friendly with strangers?

x v z 0

7. Can your child settle himself down after periods of exciting activity?

z v x 0

8. Does your child cry, scream, or have tantrums for long periods of time?

x v z 0

9. Is your child interested in things around her, such as people, toys, and foods?

z v x 0

Name _____ DOB _____ MR# _____ TOTAL POINTS ON PAGE _____

	MOST OF TIME	SOMETIME	RARE OR NEVER	CHECK THIS IS CONCERN
10.. Does your child stay dry during the day?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	o
11. Does your child have eating problems, such as stuffing foods, vomiting, eating nonfood items, or _____ ? (You may write in another problem.)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	O
12. Do you and your child enjoy mealtimes together?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	O
13. Does your child do what you ask her to do?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	O
14. Does your child seem happy?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	o
15. Does your child sleep at least 8 hours in a 24-hour period?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	O
1 Does your child seem more active than other children his age?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	O
1 Does your child use words to tell you what she wants or needs?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	O
18. Can your child stay with activities he enjoys for at least 10 minutes (not including watching television)?	<input type="checkbox"/> Z	<input type="checkbox"/> V	<input type="checkbox"/> x	o

TOTAL POINTS ON _____

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
.....
27. Can your child name a friend?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	0
28. Does your child show concern for other people's feelings? For example, does she look sad when someone is hurt?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	0
29. Do <i>other</i> children like to play with your child?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	0
30. Does <i>your child</i> like to play with other children?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	0
31. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	0
32. Does your child show an interest or knowledge of adult sexual language and activity?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	0
33. Has anyone expressed concerns about your child's behaviors? If you checked "sometimes" or "most of the time," please explain:	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	0

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TOTAL POINTS ON PAGE ____

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34. Do you have concerns about your child's eating, sleeping, or toileting habits? If so, please explain:

35. Is there anything that worries you about your child? If so, please explain:

36. What things do you enjoy most about your child?

Person filling out form _____
Relationship to child _____

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Name _____ DOB _____ MR# _____