

CHP Health Center Child ages 54 months through 65 months

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 TIME      RARELY OR NEVER      CHECK IF THIS IS A CONCERN

- |  | MOST OF THE TIME           | SOMETIMES                  | RARELY OR NEVER            | CHECK IF THIS IS A CONCERN |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Does your child look at you when you talk to her?                       | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <b>C</b>                   |
| 2. Does your child cling to you more than you expect?                      | <input type="checkbox"/> x | <input type="checkbox"/> v | <input type="checkbox"/> z | <b>C</b>                   |
| 3. Does your child like to be hugged or cuddled?                           | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | 0                          |
| 4. Does your child talk and/or play with adults he knows well?             | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <b>C</b>                   |
| 5. When upset, can your child calm down within 15 minutes?                 | <input type="checkbox"/> z | <input type="checkbox"/> V | <input type="checkbox"/> x | <b>C</b>                   |
| 6. Does your child seem too friendly with strangers?                       | <input type="checkbox"/> x | <input type="checkbox"/> V | <input type="checkbox"/> z | <b>C</b>                   |
| 7. Can your child settle herself down after periods of exciting activity?  | <input type="checkbox"/> z | <input type="checkbox"/> V | <input type="checkbox"/> x | <b>C</b>                   |
| 8. Does your child seem happy?   | <input type="checkbox"/> z | <input type="checkbox"/> V | <input type="checkbox"/> x | <b>C</b>                   |
| 9. Does your child cry, scream, or have tantrums for long periods of time? | <input type="checkbox"/> x | <input type="checkbox"/> V | <input type="checkbox"/> z | <b>0</b>                   |

Name \_\_\_\_\_ DOB \_\_\_\_\_ MR# \_\_\_\_\_

TOTAL POINTS ON PAGE \_\_\_\_\_

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
10. Is your child interested in things around him, such as people, toys, and foods? <i>Handwritten mark: ✖</i>	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> 0
11. Does your child go to the bathroom by herself? (Reminders and help with wiping are okay.) <i>Handwritten mark: ✓</i>	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> 0
12. 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	<input type="radio"/> 0
13. Can your child stay with activities he enjoys for at least 15 minutes (not including watching television)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> 0
14. Do you and your child enjoy mealtimes together?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> 0
15. Does your child do what you ask her to do?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> 0
16. Does your child seem more active than other children his age?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> 0
17. 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	<input type="radio"/> 0

TOTAL POINTS ON PAGE \_\_\_\_\_

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	MOST OF THE TIME	RARELY OR NEVER	CHECK IF THIS IS A
18. 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
19. Does your child use words to describe his feelings and the feelings of others, such as, "I'm happy," "I don't like that" or "She's sad"?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x
20. Does your child move from one activity to the next with little difficulty, such as from playtime to mealtime?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x
21. Does your child explore new places, such as a park or a friend's home?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x
22. Does your child do things over and over and can't seem to stop? Examples are rocking, hand flapping, spinning, or _____ (You may write in something else.)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z
23. Does your child hurt herself on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z
24. Does your child follow rules (at home, at child care)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x
25. Does your child destroy or damage things on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z

Name \_\_\_\_\_ DOB \_\_\_\_\_ MR# \_\_\_\_\_ TOTAL POINTS ON PAGE \_\_\_\_\_

MOST OF THE TIME      SOMETIME      RARELY OR      CHECK IF THIS IS A CONCERN

26. Does your child stay away from dangerous things, such as fire and moving cars?

z       v       x       O

27. Does your child show concern for other people's feelings? For example, does he look sad when someone is hurt?

z       v       x       O

28. Do *other* children like to play with your child?

z       v       x       O

29. Does *your child* like to play with other children?

z       v       x       O

30. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?

x       v       z       O

31. Does your child take turns and share when playing with other children?

z       v       x       O

32. Does your child show an interest or knowledge of adult sexual language and activity?

x       v       z       O

33. Has anyone expressed concerns about your child's behaviors? If you checked "sometimes" or "most of the time," please explain:

x       v       z

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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:

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

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

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Name \_\_\_\_\_ DOB \_\_\_\_\_ MR# \_\_\_\_\_