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Child and Adolescent Psychiatry
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Dear parents/caregivers:

Your child has been referred to me by your GP/Paediatrician for an assessment of their emotional and/or behavioural problems. **I will be seeing your child for a ONE-TIME consultation only.** After I see them, I will send a written report to the referring doctor (it takes about 2 weeks to get there) with my opinion on what's going on and my recommendations on what to do to help. **Follow-up will be with the referring doctor.** I do not see patients for regular follow-up. When you come to the appointment, it is best if both parents come. If your child requires direct supervision, please try to bring someone who can watch them as I may need to spend some time talking to you without them present.

The questionnaire that follows **MUST BE COMPLETED AND RETURNED TO MY OFFICE IN ORDER TO HAVE AN APPOINTMENT SCHEDULED.** Whenever possible, the questionnaire should be filled out by **both parents together**. Please make note of any disagreements in ratings beside the item in question. If parents are separated, each parent should complete their own questionnaire based on their experience of the child.

IF your child is currently taking **medication** for psychiatric or behavioural issues, please go to your pharmacy and get a "Medication History" printed out to send to me along with the questionnaires.

The following additional/optional information may be helpful:

- Their report cards.
- Reports from any previous psychiatrists or therapists who saw them (if applicable).

On my website (www.doctortempleman.com), under the Resources link, there are some handouts and videos that will be helpful for you, especially if you are struggling with managing their anxiety or behaviour. In them, I outline some strategies that you can put in place right away which will help in the interim. I **strongly recommend** that you go and watch or read through them **before** meeting with me so that if there is anything that is unclear or confusing, we can go over it when we meet.

If you are unable to keep your appointment, **48 HOURS (2 WORKING DAYS EXCLUDING WEEKENDS)** notice of cancellation is required. Most assessments are 1½ - 2 hours in length. Missed appointments are not paid for by OHIP and will be billed directly to you (\$250.00). If an assessment is missed, I will not reschedule it until the fee is paid in full.

Sincerely,



Dr. David Templeman B.Sc. MD FRCPC DCAP
Child and Adolescent Psychiatry

Social History

Child's Name: _____ ☐M ☐F Child's Age: _____ Date of Birth: ____/____/____
 day mo. yr.
 Mother's Name: _____ age _____ Father's Name: _____ age _____
 Address: _____ Postal Code: _____ Phone #: _____

Who lives in the home?

☐ MOM ☐ DAD ☐ Step-Parent: _____ since when? _____

Siblings: _____
 Name Age Name Age Name Age

 Name Age Name Age Name Age

Others: _____

Is religion an important part of your family's values? ☐ NO ☐ YES → Religious Denomination: _____

Family History of Mental Health Problems

	Drug / Alcohol Addictions	Learning problems	Anxiety / OCD / PTSD Worrier / Panic Attacks	Violent/aggressive/ Criminal behaviour	Depression Bipolar	Autism or Asperger's	Other (i.e. Schizophrenia)
Mother							
her Parents							
her Siblings							
Father							
His Parents							
His Siblings							
Child's Sibling 1							
Child's Sibling 2							
Child's Sibling 3							

Medical problems: [physical health problems or surgeries]

_____ ☐ PAST ☐ CURRENT _____ ☐ PAST ☐ CURRENT
 _____ ☐ PAST ☐ CURRENT _____ ☐ PAST ☐ CURRENT

Has the child ever had: Seizures ☐YES ☐NO Heart Problems ☐YES ☐NO Concussions ☐YES ☐NO

What medication(s) are they currently taking – name and dose - (including Vitamins and Herbal Supplements)?

1) _____ What's it for? _____ When was it started? _____
 2) _____ What's it for? _____ When was it started? _____
 3) _____ What's it for? _____ When was it started? _____

What meds were tried on in the past?

What did it help with?

Why was it stopped?

What medication(s) are they allergic to? _____

Developmental History

(Put a '?' in the box if you think so, but are not sure. Put a 'U / K' across the two boxes if it's completely unknown)

Pregnancy			
Was the pregnancy intentional?	YES	NO	Was the mother trying to get pregnant?
Did the mother take any drugs or substances during the pregnancy? (Put a '?' in the box if you suspect but are not sure, or 'might have')	YES	NO	Smoked cigarettes
	YES	NO	Smoked marijuana (Pot)
	YES	NO	Drank alcohol
	YES	NO	Used street drugs like speed, E, cocaine, Heroin, Percs, etc.
	YES	NO	Prescription Medications

Delivery

Was the child born premature (<36 weeks)	YES	NO	If YES, how early? _____
Did anything go wrong <i>after</i> they were born?	YES	NO	Did they need to stay in the hospital for more than 1-2 days?
	YES	NO	Did the mother have Post-Partum depression?

Social History

Are the child's parents still together?	YES	NO	If 'NO', how old were they (the child) when the parents separated?	
Have they (the child) been physically abused?	YES	NO	If 'YES', how old were they when it happened?	
Have they (the child) been sexually abused?	YES	NO	If 'YES', how old were they when it happened?	
Is CAS involved with the family right now?	YES	NO	If YES , why?	
Has CAS ever been involved with the family ?	YES	NO	If YES , why?	
Has the child ever been in foster care?	YES	NO	If 'YES', how many different homes were they in?	

Please print. Be sure
to answer all items.

BEHAVIOURAL CONCERNS

CHILD'S FULL NAME	First	Middle	Last	PARENTS' USUAL TYPE OF WORK, even if not working now. <i>Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.</i> FATHER'S TYPE OF WORK _____ FATHER'S HIGHEST EDUCATION COMPLETED: _____ MOTHER'S TYPE OF WORK _____ MOTHER'S HIGHEST EDUCATION COMPLETED: _____
CHILD'S GENDER	CHILD'S AGE		CHILD'S ETHNIC GROUP OR RACE	
<input type="checkbox"/> Boy <input type="checkbox"/> Girl				
TODAY'S DATE	CHILD'S BIRTHDATE			
Mo. ____ Day ____ Year ____	Mo. ____ Day ____ Year ____			
Please fill out this form to reflect <i>your</i> 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 space provided on page 2. Be sure to answer all items.				

Below is a list of items that describe children. For each item that describes the child **now or within the past 3 months**, please circle the **2** if the item is **very true or often true** of the child. Circle the **1** if the item is **somewhat or sometimes true** of the child. If the item is **not true** of the child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to the child.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

<p>0 1 2 1. Aches or pains (without medical cause; do not include stomach or headaches)</p> <p>0 1 2 2. Acts too young for age</p> <p>0 1 2 3. Afraid to try new things</p> <p>0 1 2 4. Avoids looking others in the eye</p> <p>0 1 2 5. Can't concentrate, can't pay attention for long</p> <p>0 1 2 6. Can't sit still, restless, or hyperactive</p> <p>0 1 2 7. Can't stand having things out of place</p> <p>0 1 2 8. Can't stand waiting; wants everything now</p> <p>0 1 2 9. Chews on things that aren't edible</p> <p>0 1 2 10. Clings to adults or too dependent</p> <p>0 1 2 11. Constantly seeks help</p> <p>0 1 2 12. Constipated, doesn't move bowels (when not sick)</p> <p>0 1 2 13. Cries a lot</p> <p>0 1 2 14. Cruel to animals</p> <p>0 1 2 15. Defiant</p> <p>0 1 2 16. Demands must be met immediately</p> <p>0 1 2 17. Destroys his/her own things</p> <p>0 1 2 18. Destroys things belonging to his/her family or other children</p> <p>0 1 2 19. Diarrhea or loose bowels (when not sick)</p> <p>0 1 2 20. Disobedient</p> <p>0 1 2 21. Disturbed by any change in routine</p> <p>0 1 2 22. Doesn't want to sleep alone</p> <p>0 1 2 23. Doesn't answer when people talk to him/her</p> <p>0 1 2 24. Doesn't eat well (describe): _____</p> <p>0 1 2 25. Doesn't get along with other children</p> <p>0 1 2 26. Doesn't know how to have fun; acts like a little adult</p> <p>0 1 2 27. Doesn't seem to feel guilty after misbehaving</p> <p>0 1 2 28. Doesn't want to go out of home</p> <p>0 1 2 29. Easily frustrated</p>	<p>0 1 2 30. Easily jealous</p> <p>0 1 2 31. Eats or drinks things that are not food—don't include sweets (describe): _____</p> <p>0 1 2 32. Fears certain animals, situations, or places (describe): _____</p> <p>0 1 2 33. Feelings are easily hurt</p> <p>0 1 2 34. Gets hurt a lot, accident-prone</p> <p>0 1 2 35. Gets in many fights</p> <p>0 1 2 36. Gets into everything</p> <p>0 1 2 37. Gets too upset when separated from parents</p> <p>0 1 2 38. Has trouble getting to sleep</p> <p>0 1 2 39. Headaches (without medical cause)</p> <p>0 1 2 40. Hits others</p> <p>0 1 2 41. Holds his/her breath</p> <p>0 1 2 42. Hurts animals or people without meaning to</p> <p>0 1 2 43. Looks unhappy without good reason</p> <p>0 1 2 44. Angry moods</p> <p>0 1 2 45. Nausea, feels sick (without medical cause)</p> <p>0 1 2 46. Nervous movements or twitching (describe): _____</p> <p>0 1 2 47. Nervous, highstrung, or tense</p> <p>0 1 2 48. Nightmares</p> <p>0 1 2 49. Overeating</p> <p>0 1 2 50. Overtired</p> <p>0 1 2 51. Shows panic for no good reason</p> <p>0 1 2 52. Painful bowel movements (without medical cause)</p> <p>0 1 2 53. Physically attacks people</p> <p>0 1 2 54. Picks nose, skin, or other parts of body (describe): _____</p>
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Be sure you answered all items.

Please print your answers. Be sure to answer all items.

0 = Not True (as far as you know)			1 = Somewhat or Sometimes True	2 = Very True or Often True			
0	1	2	55. Plays with own sex parts too much	0	1	2	79. Rapid shifts between sadness and excitement
0	1	2	56. Poorly coordinated or clumsy	0	1	2	80. Strange behavior (describe): _____
0	1	2	57. Problems with eyes (without medical cause) (describe): _____	0	1	2	81. Stubborn, sullen, or irritable
0	1	2	58. Punishment doesn't change his/her behavior	0	1	2	82. Sudden changes in mood or feelings
0	1	2	59. Quickly shifts from one activity to another	0	1	2	83. Sulks a lot
0	1	2	60. Rashes or other skin problems (without medical cause)	0	1	2	84. Talks or cries out in sleep
0	1	2	61. Refuses to eat	0	1	2	85. Temper tantrums or hot temper
0	1	2	62. Refuses to play active games	0	1	2	86. Too concerned with neatness or cleanliness
0	1	2	63. Repeatedly rocks head or body	0	1	2	87. Too fearful or anxious
0	1	2	64. Resists going to bed at night	0	1	2	88. Uncooperative
0	1	2	65. Resists toilet training (describe): _____	0	1	2	89. Underactive, slow moving, or lacks energy
0	1	2	66. Screams a lot	0	1	2	90. Unhappy, sad, or depressed
0	1	2	67. Seems unresponsive to affection	0	1	2	91. Unusually loud
0	1	2	68. Self-conscious or easily embarrassed	0	1	2	92. Upset by new people or situations (describe): _____
0	1	2	69. Selfish or won't share	0	1	2	93. Vomiting, throwing up (without medical cause)
0	1	2	70. Shows little affection toward people	0	1	2	94. Wakes up often at night
0	1	2	71. Shows little interest in things around him/her	0	1	2	95. Wanders away
0	1	2	72. Shows too little fear of getting hurt	0	1	2	96. Wants a lot of attention
0	1	2	73. Too shy or timid	0	1	2	97. Whining
0	1	2	74. Sleeps less than most kids during day and/or night (describe): _____	0	1	2	98. Withdrawn, doesn't get involved with others
0	1	2	75. Smears or plays with bowel movements	0	1	2	99. Worries
0	1	2	76. Speech problem (describe): _____	0	1	2	100. Please write in any problems the child has that were not listed above.
0	1	2	77. Stares into space or seems preoccupied	0	1	2	_____
0	1	2	78. Stomachaches or cramps (without medical cause)	0	1	2	_____
				0	1	2	_____

***Please be sure you have answered all items.
Underline any you are concerned about.***

Developmental Concerns

This next part of the questionnaire contains statements concerning the skills and behaviours of your child in various domains of development. Children are individuals. This means that their skills and behaviours vary from one child to another, and according to age.

Report how you feel that your child functions compared to children of the same age. Base your answers on your experience of the last 3 months.

Put an X next to the degree to which you feel that the statement corresponds to how you generally perceive your child (“**Does not apply**”, “**Applies sometimes/to some extent**” or “**Applies**”).

If you feel that the statement is not applicable (not relevant) due to the child’s age, write “**not applicable**” in the margin.

The questionnaire includes questions about how the child’s behaviour creates problems in everyday life. Make a collective evaluation and base your answers on whether the behaviour in question is a burden to the child him/herself, his/her family, or the preschool. For these questions, there are four options: **No – A little – A great deal – Very much**.

In order to get as complete a picture as possible, please fill out the entire questionnaire. Feel free to make your own comments at the end of the questionnaire.

Does not apply	Applies sometimes/ to some extent	Applies
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Gross motor skills; how the child uses his/her body in different activities:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. Has difficulty learning new motor skills. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is clumsy or bumping in his/her movements. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has difficulty running smoothly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Easily tumbles and falls. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is unsteady in his/her balance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has difficulty kicking a ball. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has difficulty throwing and catching a big ball. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has difficulty spinning around the pedals of a tricycle. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Fine motor skills; what the child does with his/her hands:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 9. Has difficulty using a spoon. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has difficulty building eight-block towers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is unable to twist off lids. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has difficulty cutting notches into a piece of paper. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has difficulty using, assembling and handling small objects. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has difficulty buttoning buttons when getting dressed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Has not developed a clear hand dominance, i.e. he/she is not clearly right-handed or left-handed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Is your child's everyday function affected by gross or fine motor skill difficulties?

Not at all ☐ A little ☐ Quite a bit ☐ Very much ☐

Attention and concentration; the child's ability to be attentive and concentrated in play and other activities:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 16. Is often inattentive. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Has difficulty staying attentive to tasks in play or activities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Often doesn't seem to listen to what one says to him/her. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Has difficulty finishing what he/she has started, goes from one thing to the other. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Has difficulty knowing how to perform an action (e.g. what should be done first). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Either tires of or avoids tasks requiring endurance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Loses things that are valued by them (e.g. their favourite toy). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Is easily distracted or disturbed (e.g. by irrelevant sounds like others talking, cars driving by). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Forgetting where he/she has his/her things. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Is your child's everyday function affected by his/her ability to be attentive and concentrated in play and other activities?

Not at all ☐ A little ☐ Quite a bit ☐ Very much ☐

	Does not apply	Applies sometimes/ to some extent	Applies
Overactivity and Impulsiveness; the child's impulsiveness or tendency to be all too active:			
25. Is constantly in motion somehow (e.g. fidgeting with things).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Has difficulty being still in his/her chair (e.g. twists and turns, gets up and walks around) .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Is constantly running around, rambling and climbing more than is appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Has difficulty playing in a calm and peaceful manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Is constantly at "full speed", he/she often does things at an overly high pace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Speaks, makes noise, babbles constantly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Constantly interrupts adults' conversations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Has difficulty waiting his/her turn (e.g. in play, at preschool or at meals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Acts impulsively or unpredictably (e.g. runs away from his/her parent, runs out into the street).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is your child's everyday function affected by impulsiveness or a tendency to become overly active?

Not at all ☐ A little ☐ Quite a bit ☐ Very much ☐

Passiveness/Inactivity; the child's inactivity or tendency to become all too passive:

34. Has difficulty getting started with tasks/activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Has difficulty finishing, doesn't complete tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Is very passive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Is often "in his/her own world".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is your child's everyday function affected by passiveness or inactivity?

Not at all ☐ A little ☐ Quite a bit ☐ Very much ☐

Perception; how the child reacts to various sensory impressions:

38. Has difficulty finding his/her way around even in familiar places.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Constantly bumps into other people or things at meetings or in cramped spaces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Has difficulty imitating the movements of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Has difficulty managing puzzles intended for his/her age group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Has an unexpectedly <u>strong</u> reaction to sound, taste, smell, cold, heat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Has an unexpectedly <u>weak</u> reaction to sound, taste, smell, cold, heat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Is overly sensitive to touch (e.g. to having his/her hair combed, showered, having his/her hair washed).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Gets unexpectedly afraid (of e.g. vacuum cleaners, height differences, a person's beard).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Does not apply	Applies sometimes/ to some extent	Applies
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Is your child's everyday function affected by difficulties in perception?

Not at all ☐ A little ☐ Quite a bit ☐ Very much ☐

Memory; the child's ability to remember:

46. Learns things, but then it's like he/she forgot it the next day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Has difficulty remembering names of friends or familiar toys.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Has difficulty remembering well-known rhymes/songs/movement games.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Has difficulty remembering how to carry out familiar activities (e.g. around bedtime).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Has difficulty remembering where he/she has put his/her favourite toys.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Has difficulty resuming an activity after it has been interrupted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Has difficulty remembering things he/she has experienced during the day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Has difficulty remembering a specific event he/she has experienced further back in time (e.g. during Christmas, on a trip).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is your child's everyday function affected by memory difficulties?

Not at all ☐ A little ☐ Quite a bit ☐ Very much ☐

Language comprehension; the child's ability to understand spoken language:

54. Has difficulty understanding words.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Has difficulty understanding simple instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Has difficulty with opposite words like yes/no, happy/sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Has difficulty with terms like big/small, in/on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Has difficulty remembering two instructions (e.g. put on your pyjamas and go to the bed).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Has difficulty understanding a story he/she hears read aloud.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Has difficulty with the meaning of if – later (e.g. <i>if you eat food now you will get ice cream later</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Spoken language; the child's ability to speak, pronounce words or express him/herself:

61. Has difficulty saying single words and short sentences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Has difficulty speaking so that his/her parents understand him.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Has difficulty speaking so that strange people understand him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Makes language sound mistakes (e.g. says t instead of f, like tota instead of sofa).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Has difficulty finding words or uses alternate words (e.g. says food instead of spoon).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Does not apply	Applies sometimes/ to some extent	Applies
66. Has a hoarse voice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Has a shrill voice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Stutters, or repeats words or parts of words over and over.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Speaks so quickly that it is hard to comprehend what he/she is saying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Speaks very unclearly/mumbles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communication; the child's ability to communicate with others:

71. Has difficulty expressing what he/she feels using facial expressions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Has difficulty sticking to the point when he/she is telling a story.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Has difficulty using simple gestures to show what he/she means (like nodding for yes or shaking one's head for no).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Has difficulty making conversation, i.e. "alternating" between listening to someone else and then answering.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is your child's everyday function affected by difficulties in language comprehension, speech or communication?

Not at all ☐ A little ☐ Quite a bit ☐ Very much ☐

Learning; the child's ability to learn new things:

75. Has difficulty understanding instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Has difficulty learning new skills such as playing a game or a specific play activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. Has exceptional knowledge in some area (ex. puzzles, computers, iPad).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Has difficulty using new skills in more than one situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is your child's everyday function affected by learning difficulties?

Not at all ☐ A little ☐ Quite a bit ☐ Very much ☐

Social skills; the child's ability to participate in different social situations and interact with others:

79. Has difficulty understanding other people's facial expressions, gestures, tone of voice or posture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Has difficulty understanding other people's emotions (e.g. mixes up anger-joy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. Has difficulty showing consideration for others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Speaks in a monotonous/"strange" voice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. Has difficulty following rules, restrictions and prohibitions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. Easily gets into conflicts with children of the same age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. Has difficulty with group activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. Has difficulty playing with other children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Does not apply	Applies sometimes/ to some extent	Applies
87. Rarely initiates play with children of the same age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. Does not answer other children's attempts at contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89. Is not spontaneously included in other children's play activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90. Is not interested in physical closeness like hugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. Has a clearly abnormal ability to engage in eye contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. Is much too physical in his/her contact with others, sits in strangers' laps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93. Can get totally stuck in one or a select few interests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94. Repeats or gets stuck in seemingly meaningless behaviours or actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. Gets very worried/upset by small changes to his/her daily routines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child's everyday function affected by social difficulties?			
Not at all <input type="checkbox"/> A little <input type="checkbox"/> Quite a bit <input type="checkbox"/> Very much <input type="checkbox"/>			

The child's behaviour:

96. Rarely seems happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97. Has poor appetite.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98. Constantly wants food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99. Only accepts eating a certain kind of food (e.g. a certain consistency, colour, form) or in a certain way (e.g. foods cannot touch on the plate, whole cookies, not broken).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100. Is anxious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101. Has many fears.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102. Gets very worried or sad when he/she is about to be separated from his/her parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103. Sleeps less than most children of the same age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104. Has irregular sleeping patterns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105. Often has nightmares.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106. Often sleepwalks or has nightly "episodes" with screaming, when he/she cannot be "reached" or consoled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107. Often refuses to follow the orders of adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108. Often teases others by deliberately doing things that are perceived as provocative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109. Is prone to outbursts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110. Is cruel to animals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111. Often destroys other people's things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112. Other children find him/her intimidating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113. Subjects other children to danger (deliberately).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114. Has periods of unusually high activity level that last a few days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Does not apply	Applies sometimes/ to some extent	Applies
115. Is periodically, noticeably, easily irritated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116. Has difficulty handling even the smallest adversity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117. Says no to everything that involves any kind of demand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118. Doesn't forget when he/she has been wronged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119. Is more shy than children of the same age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120. Repeats actions in an obsessive manner or has habits that are very difficult to break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121. Has involuntary facial movements, twitches or grimaces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122. Repeats meaningless movements like shaking his/her head, throwing his/her body back and forth, waving his/her hands, rocking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123. Makes unmotivated sounds like throat-clearing, coughing, swallowing sounds, dog-like barks, sudden squeals etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124. Repeats words or parts of words in a meaningless manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is your child's everyday function affected by behavioural problems?

Not at all ☐ A little ☐ Quite a bit ☐ Very much ☐

Please describe the problems of your child that you are most worried about:

Please describe the strengths and assets of your child:
