**Dr. David Templeman** B.Sc. MD FRCPC DCAP
*Child and Adolescent Psychiatry*
151 Pine Valley Drive, London, ON N6J 4M2
Ph: 519-435-6499 Fax: 1-866-504-3115
www.doctortempleman.com e-mail: doctor_t_scheduling@rogers.com

# Physician's Referral Form

Patient's Name: Gender: DOB:

HCN: Phone #:

Referring Physician: Billing #: Fax #:

Medical Problems

Current Medications

Allergies:

**Reason for Referral - What's Your Question?**

**Is the Parent's +/- Patient's Questionnaire completed and accompanying this referral form?**
**(available at www.doctortempleman.com)**

**YES**

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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

**Dr. David Templeman** B.Sc. MD FRCPC DCAP
*Child and Adolescent Psychiatry*
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# PARENT/CAREGIVER QUESTIONNAIRE

This form was completed by: _____ on _____
(your name) (date)

Relationship to the child:

- ☐ Biological Parent
- ☐ Other: _____ ➔ how long have you known this child? _____
  (please describe)

In your own words, please describe the main reason for this assessment (i.e. what are your concerns?)

# 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 #: _____

e-mail:_____

**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, Heroine, Percs, etc. |
| | YES | NO | Prescription Medications |

## Delivery

| | | | |
|---|---|---|---|
| Was the child born premature (<36 weeks) | YES | NO | If YES, how early? _____ |
| Did anything go wrong *after* 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

CHILD'S GENDER ☐ Boy ☐ Girl

CHILD'S AGE

CHILD'S ETHNIC GROUP OR RACE

TODAY'S DATE Mo. ____ Day ____ Year _____

CHILD'S BIRTHDATE Mo. ____ Day ____ Year ____

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 space provided on page 2. ***Be sure to answer all items.***

**PARENTS' USUAL TYPE OF WORK, even if not working now.** *Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.*

FATHER'S TYPE OF WORK _____

FATHER'S HIGHEST EDUCATION COMPLETED: _____

MOTHER'S TYPE OF WORK _____

MOTHER'S HIGHEST EDUCATION COMPLETED: _____

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**

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

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

**Gross motor skills;** how the child uses his/her body in different activities:

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

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

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

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

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). | ☐ | ☐ | ☐ |
| 26. Has difficulty being still in his/her chair (e.g. twists and turns, gets up and walks around) . | ☐ | ☐ | ☐ |
| 27. Is constantly running around, rambling and climbing more than is appropriate. | ☐ | ☐ | ☐ |
| 28. Has difficulty playing in a calm and peaceful manner. | ☐ | ☐ | ☐ |
| 29. Is constantly at "full speed", he/she often does things at an overly high pace. | ☐ | ☐ | ☐ |
| 30. Speaks, makes noise, babbles constantly. | ☐ | ☐ | ☐ |
| 31. Constantly interrupts adults' conversations. | ☐ | ☐ | ☐ |
| 32. Has difficulty waiting his/her turn (e.g. in play, at preschool or at meals) | ☐ | ☐ | ☐ |
| 33. Acts impulsively or unpredictably (e.g. runs away from his/her parent, runs out into the street). | ☐ | ☐ | ☐ |

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. | ☐ | ☐ | ☐ |
| 35. Has difficulty finishing, doesn't complete tasks. | ☐ | ☐ | ☐ |
| 36. Is very passive. | ☐ | ☐ | ☐ |
| 37. Is often "in his/her own world". | ☐ | ☐ | ☐ |

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

| | Does not apply | Applies sometimes/ to some extent | Applies |
|---|---|---|---|

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. | ☐ | ☐ | ☐ |
| 47. Has difficulty remembering names of friends or familiar toys. | ☐ | ☐ | ☐ |
| 48. Has difficulty remembering well-known rhymes/songs/movement games. | ☐ | ☐ | ☐ |
| 49. Has difficulty remembering how to carry out familiar activities (e.g. around bedtime). | ☐ | ☐ | ☐ |
| 50. Has difficulty remembering where he/she has put his/her favourite toys. | ☐ | ☐ | ☐ |
| 51. Has difficulty resuming an activity after it has been interrupted. | ☐ | ☐ | ☐ |
| 52. Has difficulty remembering things he/she has experienced during the day. | ☐ | ☐ | ☐ |
| 53. Has difficulty remembering a specific event he/she has experienced further back in time (e.g. during Christmas, on a trip). | ☐ | ☐ | ☐ |

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

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

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

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

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

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

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. | ☐ | ☐ | ☐ |
| 76. Has difficulty learning new skills such as playing a game or a specific play activity. | ☐ | ☐ | ☐ |
| 77. Has exceptional knowledge in some area (ex. puzzles, computers, iPad). | ☐ | ☐ | ☐ |
| 78. Has difficulty using new skills in more than one situation. | ☐ | ☐ | ☐ |

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. | ☐ | ☐ | ☐ |
| 80. Has difficulty understanding other people´s emotions (e.g. mixes up anger-joy) | ☐ | ☐ | ☐ |
| 81. Has difficulty showing consideration for others. | ☐ | ☐ | ☐ |
| 82. Speaks in a monotonous/"strange" voice. | ☐ | ☐ | ☐ |
| 83. Has difficulty following rules, restrictions and prohibitions. | ☐ | ☐ | ☐ |
| 84. Easily gets into conflicts with children of the same age. | ☐ | ☐ | ☐ |
| 85. Has difficulty with group activities. | ☐ | ☐ | ☐ |
| 86. Has difficulty playing with other children. | ☐ | ☐ | ☐ |

| | Does not apply | Applies sometimes/ to some extent | Applies |
|---|---|---|---|
| 87. Rarely initiates play with children of the same age. | ☐ | ☐ | ☐ |
| 88. Does not answer other children's attempts at contact. | ☐ | ☐ | ☐ |
| 89. Is not spontaneously included in other children's play activities. | ☐ | ☐ | ☐ |
| 90. Is not interested in physical closeness like hugs. | ☐ | ☐ | ☐ |
| 91. Has a clearly abnormal ability to engage in eye contact. | ☐ | ☐ | ☐ |
| 92. Is much too physical in his/her contact with others, sits in strangers' laps. | ☐ | ☐ | ☐ |
| 93. Can get totally stuck in one or a select few interests. | ☐ | ☐ | ☐ |
| 94. Repeats or gets stuck in seemingly meaningless behaviours or actions. | ☐ | ☐ | ☐ |
| 95. Gets very worried/upset by small changes to his/her daily routines. | ☐ | ☐ | ☐ |

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

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

## The child's behaviour:

| | | | |
|---|---|---|---|
| 96. Rarely seems happy. | ☐ | ☐ | ☐ |
| 97. Has poor appetite. | ☐ | ☐ | ☐ |
| 98. Constantly wants food. | ☐ | ☐ | ☐ |
| 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). | ☐ | ☐ | ☐ |
| 100. Is anxious. | ☐ | ☐ | ☐ |
| 101. Has many fears. | ☐ | ☐ | ☐ |
| 102. Gets very worried or sad when he/she is about to be separated from his/her parents. | ☐ | ☐ | ☐ |
| 103. Sleeps less than most children of the same age. | ☐ | ☐ | ☐ |
| 104. Has irregular sleeping patterns. | ☐ | ☐ | ☐ |
| 105. Often has nightmares. | ☐ | ☐ | ☐ |
| 106. Often sleepwalks or has nightly "episodes" with screaming, when he/she cannot be "reached" or consoled. | ☐ | ☐ | ☐ |
| 107. Often refuses to follow the orders of adults. | ☐ | ☐ | ☐ |
| 108. Often teases others by deliberately doing things that are perceived as provocative. | ☐ | ☐ | ☐ |
| 109. Is prone to outbursts. | ☐ | ☐ | ☐ |
| 110. Is cruel to animals. | ☐ | ☐ | ☐ |
| 111. Often destroys other people's things. | ☐ | ☐ | ☐ |
| 112. Other children find him/her intimidating. | ☐ | ☐ | ☐ |
| 113. Subjects other children to danger (deliberately). | ☐ | ☐ | ☐ |
| 114. Has periods of unusually high activity level that last a few days. | ☐ | ☐ | ☐ |

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

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 <u>most</u> worried about:**

**Please describe the strengths and assets of your child:**