

Dr. David Templeman B.Sc. MD FRCPC DCAP

Child and Adolescent Psychiatry

www.doctor templeman.com

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 via videoconference.** After I see them, I will send a written report to the referring doctor (it takes about 3 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. **I only see teenagers if THEY want to see me.** If they do not want to come see me, please let the referring doctor or my office know so that we can cancel the referral. If they refuse to come to the appointment or refuse to participate, the parents will be billed for my time.

Both the Parent questionnaire AND the Teenager's questionnaire **MUST BE COMPLETED AND RETURNED TO THE REFERRING PHYSICIAN'S OFFICE (UNLESS OTHERWISE SPECIFIED) IN ORDER TO HAVE AN APPOINTMENT SCHEDULED.** Please give the Teacher Questionnaire (optional) to the teacher who knows your child best (if you can) and have them return the completed form to you, so that you can return all of the forms together. They can also visit my website (www.doctor templeman.com), and complete it online. Whenever possible, the Parent Questionnaire should be filled out by **both parents together**. Please make note of any disagreements in ratings beside the item in question. If the parents live in separate homes, then each parent should complete their own questionnaire (please make a note as to how often they stay with you).

The Teenager's Addendum needs to be completed by them! Please give them an envelope that they can put their completed questionnaire in and then seal it themselves. Please tell them that you will not be seeing what they wrote. It is very important for them to be able to be completely honest with their answers.

IF your teenager 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 is helpful:

- Their June report card for the last 5 years (if applicable) and their **most recent** IEP (if applicable).
- Reports from any educational testing that was done (if applicable/available).
- Reports from any previous psychiatrists or therapists who saw them (if applicable).

On my website (www.doctor templeman.com), under the Resources link, there are some handouts 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 until we meet. I **strongly recommend** that you go and download the relevant ones and read through them **before** meeting with me so that if there is anything in the handouts 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

Ph: 519-435-6499 Fax: 1-866-504-3115

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: _____ Gender _____ Age: _____ Date of Birth: ____/____/____
day mo. yr.

Mother's Name: _____ Father's Name: _____

Address: _____ Postal Code: _____ Phone #: _____

e-mail: _____

Who lives in the home?

MOM DAD Step-Parent: _____

Siblings: _____
Name Age Name Age Name Age

Name Age Name Age Name Age

Others: _____

School: Currently Attending: _____ Grade: _____

Are they working at grade level? YES NO → How far behind are they? _____

How many different schools have they gone to so far? _____

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 are not sure)	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?
Early Childhood & Development			
Did the child have problems with their moods, compared to other children of the same age?	YES	NO	Colicky for an extended period of time (>4 weeks) (loud crying, refused to eat, trouble sleeping, unhappy)
	YES	NO	Non-responsive, or hard to bond with
	YES	NO	Really bad temper tantrums
Did they seem to grow up slowly, compared to other children of the same age?	YES	NO	Slow to learn how to talk/pronounce words properly
	YES	NO	Slow to learn how to walk/run
	YES	NO	Slow to learn how to button their shirt or tie their shoelaces
	YES	NO	Slow to learn how to use the toilet (day or night)
Schooling History			
Has the school done any IQ or Learning Disabilities testing on the child?	YES	NO	If YES , please bring a copy of the testing to the assessment (you can talk to the school and ask them to give you a copy).
Have they ever failed a grade?	YES	NO	If YES , Which grade? → _____
Does this child have an IEP (Individual Education Plan) to help them in class?	YES	NO	If YES , please bring a copy to the assessment (you can talk to the school and ask them to give you a copy).
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?
Have they (the child) ever been arrested, charged or involved with the police (i.e. Diversion)?	YES	NO	If YES , why? _____

Functional History

Check the column that best describes how your child's emotional or behavioural problems have affected each item in the last month ONLY

IN THE LAST MONTH <u>ONLY</u>	Never or Not at All	Sometimes or Somewhat	Often or Much	Very Often or Very Much	Not Applicable or don't know
FAMILY					
fighting with brothers & sisters					
causing problems between parents					
takes time away from family members' work or activities					
causing fighting in the family					
isolating the family from friends and social activities					
makes it hard for the family to have fun together					
makes parenting difficult					
makes it hard to give fair attention to all family members					
provokes others to hit or scream at him/her					
costs the family more money					
LEARNING & SCHOOL					
has a hard time keeping up with homework					
needs extra help at school.					
needs tutoring					
causes problems for the teacher in the classroom					
receives "time-out" or removal from the classroom					
has problems on the playground with other kids					
suspended from school					
misses classes or is late for school					

LIFE SKILLS	Never	Sometimes	Often	Very Often	Not Applicable
excessive use of TV, computer, or video games					
keeping clean, brushing teeth, brushing hair, bathing, etc.					
problems getting ready for school					
problems getting ready for bed					
problems with eating (picky eater, refuses to eat, overeats)					
problems with sleeping					
gets hurt or injured easily/frequently					
has trouble taking medication, getting needles or visiting the doctor/dentist					
CHILD'S SELF-CONCEPT					
my child feels bad about himself/herself					
my child does not have enough fun					
my child is not happy with his/her life					
SOCIAL ACTIVITIES					
being teased or bullied by other children					
teases or bullies other children					
problems getting along with other children					
participating in after-school activities (sports, music, clubs)					
problems making new friends					
problems keeping friends					
difficulty with parties (not invited, avoids them, misbehaves)					
RISKY ACTIVITIES					
easily led by other children (peer pressure)					
breaking or damaging things					
doing things that are illegal					
being involved with the police					
smoking cigarettes					
taking illegal drugs					
doing dangerous things					
causes injury to others					
says mean or inappropriate things					
sexually inappropriate behaviour					

For each item, check the column which best describes this child	Not At All	Just A Little	Quite A Bit	Very Much
1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks				
2a. Often has difficulty sustaining attention when doing school work or chores				
2b. Often has difficulty sustaining attention when doing what they want to do (crafts, projects, games)				
3. Often does not seem to listen when spoken to directly				
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties				
5. Often has difficulty organizing tasks and activities				
6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort				
7. Loses or can't find things necessary for school work or chores (instructions, calculator, books)				
8. Loses or can't find things necessary for their favourite activities (i.e. games, controllers, iPod)				
9. Often is distracted by things happening around them				
10. Often is forgetful in daily activities or following daily routines				
11. Often fidgets with hands or feet or squirms in seat				
12. Often leaves seat in classroom or in other situations in which remaining seated is expected				
13. Often runs about or climbs excessively in situations in which it is inappropriate				
14. Often has difficulty playing or engaging in leisure activities quietly				
15. Often is "on the go" or often acts as if "driven by a motor"				
16. Often talks excessively				
17. Often blurts out answers before questions have been completed				
18. Often has difficulty awaiting turn				
19. Often interrupts or intrudes on others (e.g., butts into conversations/games)				
20. Often has difficulty sitting still, being quiet, or inhibiting impulses in the classroom or at home				
21. Often loses temper				
22. Often argues with adults				
23. Often actively defies or refuses adult requests or rules				
24. Often deliberately does things that annoy other people				
25. Often blames others for his or her mistakes or misbehavior				
26. Often touchy or easily annoyed by others				
27. Often is angry and resentful				
28. Often is spiteful or vindictive. Hold grudges and try to get revenge				
29. Often try to pick fights with others				
30. Often is negative, defiant, disobedient, or hostile toward authority figures				

For each item, check the column which best describes this child	Not At All	Just A Little	Quite A Bit	Very Much
31. Often makes noises (e.g., humming or odd sounds)				
32. Very bossy with other children or even adults				
33. Often cries easily or has their feelings easily hurt				
34. Have a hard time handling unexpected changes				
35. Avoid trying new things				
36. Avoid talking to people they don't know				
37. Often disturbs other children				
38. Often changes mood quickly and drastically				
39. Often easily frustrated if demand are not met immediately				
40. Often teases other children and interferes with their activities				
41. Often is aggressive to other children (e.g., picks fights or bullies)				
42. Often is destructive with property of others (e.g., vandalism)				
43. Often is deceitful (e.g., steals, lies, forges, copies the work of others, or "cons" others)				
44. Has motor or verbal tics (sudden, rapid, recurrent, non-rhythmic motor or verbal activity)				
45. Has repetitive motor behavior (e.g., hand waving, body rocking, or picking at skin)				
46. Often is restless or seems keyed up or on edge				
47. Often is irritable				
48. Often has muscle tension				
49. Often has excessive anxiety and worry (e.g., apprehensive expectation)				
50. Chronic low self-esteem most of the time for at least a year				
51. Chronic poor concentration or difficulty making decisions most of the time for at least a year				
52. Purposely hurts themselves physically (cutting, burning, overdosing)				
53. Currently is hyper-vigilant (overly watchful or alert) or has exaggerated startle response				
54. Currently is irritable, has anger outbursts, or has difficulty concentrating				
55. Currently has an emotional (e.g., nervous, worried, hopeless, tearful) response to stress				
56. Currently has a behavioral (e.g., fighting, vandalism, truancy) response to stress				

ASQ

CONFIDENTIAL

QUESTIONNAIRE ON BEHAVIOUR AND SOCIAL COMMUNICATION

For people aged six and over (G)

Name: _____

Date of Birth: _____
Year-Month-Day

Today's Date: _____
Year-Month-Day

1. Is s/he now able to talk using short phrases and sentences? Yes No

If NO, proceed to question 10.

Score

	2. Does s/he ever talk with you just to be friendly (rather than to get something)?		
	3. Can you now have a to-and-fro "conversation" with him/her that involves taking turns or building on what you have said?		

	4. Has s/he ever used odd phrases or said the same thing over and over in almost exactly the same way? That is, either phrases s/he has heard other people use or the ones s/he has made up?		
	5. Has s/he ever used socially inappropriate questions or statements? For example, has s/he ever regularly asked personal questions or made personal comments at awkward times?		
	6. Does s/he ever get his pronouns the wrong way around (i.e., saying "you" or "he" for "I")?		
	7. Has s/he ever used words that he seems to have invented or made up him/herself, or ever put things in odd, indirect ways, or metaphorical ways of saying things? For example, saying "hot rain" for "steam"?		
	8. Has s/he ever said the same thing over and over in exactly the same way, or insist on you saying the same things over and over again?		
	9. Has s/he ever had things that he seemed to have to do in a very particular way or order, or rituals that s/he has to have you do?		

ASQ

CONFIDENTIAL

Score		Yes	No
	10. Has s/he ever used your hand like a tool, or as if it were part of his/her own body (e.g., pointing with your finger, putting your hand on a doorknob to get you to open the door)?		
	11. Has s/he ever had any interests that preoccupy him/her and might seem odd to other people (e.g., traffic lights, drainpipes or timetables)?		
	12. Has s/he ever seemed to be more interested in a certain part of a toy (e.g., spinning the wheels of a car) or an object than using the object as it was intended?		
	13. Has s/he ever had any special interests that were <u>unusual</u> in their intensity but otherwise appropriate for his/her age and peer group (e.g., trains, dinosaurs)?		
	14. Has s/he ever seemed to be <u>unusually</u> interested in the sight, feel, sound, taste or smell of things or people?		
	15. Has s/he ever had any mannerisms or odd ways of moving his/her hands or fingers, such as flapping or moving his/her fingers in front of his/her eyes?		
	16. Has s/he ever had any complicated movements of his/her whole body, such as spinning or repeatedly bouncing up and down?		
	17. Does s/he ever injure himself deliberately, such as by biting his/her arm or banging his/her head?		
	18. Does s/he ever have any objects (<u>other</u> than a soft toy or comfort blanket) that he <u>has</u> to carry around with him/her?		

ASQ

CONFIDENTIAL

Score

19. Does s/he have any particular friend, or best friend?

Yes

No

20. Does his/her facial expression usually seem appropriate to the particular situation, as far as you can tell?

For some behaviours, it is most helpful to focus on the time period between the 4th and 5th birthdays. You may find it easier to remember how things were at that time by fixing it in your mind in relation to key happenings such as starting school, moving house, holiday time, or any events that are particularly memorable for you as a family.

21. When s/he was 4-to-5, did he ever spontaneously copy you (or other people), or what you were doing (such as vacuuming, gardening, mending things)?

22. When s/he was 4-to-5, did s/he ever spontaneously point at things around him/her just to show you things (not because he wanted them)?

23. When s/he was 4-to-5, did s/he ever use gestures, other than pointing or pulling your hand, to let you know what s/he wanted?

24. When s/he was 4-to-5, did s/he nod his/her head to mean "yes"?

25. When s/he was 4-to-5, did s/he shake his/her head to mean "no"?

26. When s/he was 4-to-5, did s/he usually look at you directly in the face when doing things with you or talking with you?

27. When s/he was 4-to-5, did s/he smile back if someone smiled at him/her?

28. When s/he was 4-to-5, did s/he ever show you things that interested him/her to engage your attention?

29. When s/he was 4-to-5, did s/he ever offer to share things other than food with you?

30. When s/he was 4-to-5, did he ever seem to want you to join in his/her enjoyment of something?

ASQ

CONFIDENTIAL

Score		Yes	No
	31. When s/he was 4-to-5, did he ever try to comfort you if you were sad or hurt?		
	32. Between the ages of 4-to-5, when s/he wanted something or wanted help, did he look at you and use gestures with sounds or words to get your attention?		
	33. Between the ages of 4-to-5, did s/he show a normal range of facial expression?		
	34. When s/he was 4-to-5, did s/he ever spontaneously join in and try to copy actions in social games, such as <i>The Mulberry Bush</i> or <i>The Farmer's in the Dell</i> ?		
	35. When s/he was 4-to-5, did s/he play any pretend or make-believe games?		
	36. When s/he was 4-to-5, did s/he seem interested in other children of approximately the same age whom s/he did not know?		
	37. When s/he was 4-to-5, did he respond positively when another child approached him?		
	38. When s/he was 4-to-5, if you came into a room and started talking to him/her without calling his/her name, did s/he usually look up and pay attention to you?		
	39. When s/he was 4-to-5, did s/he ever play imaginative games with another child in such a way that you could tell they understood what each other was pretending?		
	40. When s/he was 4-to-5, did he play cooperatively in games that need some form of joining in with a group of other children, such as <i>Hide and Seek</i> or ball games?		

Pragmatics Profile (PP)

Read each item and circle the number (word) that best describes how often the child demonstrates the skill (1 = never, 2 =sometimes, 3 =often, 4 =always). If you have never observed the skill, circle NO for *not observed*. If the skill is not appropriate for that child, either culturally or for any other reason, circle NA for *not appropriate*. Rate items if you remember occasions when the child demonstrated the targeted behavior, though you have not necessarily observed the behavior the day you complete the form.

If you are rating a two-part skill (e.g., Item 11, *asks for/responds to*) and think the child's behavior is inconsistent across both parts, circle the skill you are rating (e.g., *asks for*).

Rituals and Conversational Skills

The child

Never
 Sometimes
 Often
 Always
 Not Observed
 Not Appropriate

	1	2	3	4	NO	NA
1. makes/responds to greetings to/from others	1	2	3	4	NO	NA
2. makes/responds to farewells to/from others	1	2	3	4	NO	NA
3. begins/ends conversations (face-to-face, phone, etc.) appropriately	1	2	3	4	NO	NA
4. observes turn-taking rules in the classroom or in social interactions	1	2	3	4	NO	NA
5. maintains eye contact, appropriate body position during conversations	1	2	3	4	NO	NA
6. introduces appropriate topics of conversation	1	2	3	4	NO	NA
7. maintains topics using appropriate strategies (e.g., nods, responds with "hmmm...")	1	2	3	4	NO	NA
8. makes relevant contributions to a topic during conversation/discussion	1	2	3	4	NO	NA
9. asks appropriate questions during conversations and discussions	1	2	3	4	NO	NA
10. avoids use of repetitive/redundant information	1	2	3	4	NO	NA
11. asks for/responds to requests for clarification during conversations	1	2	3	4	NO	NA
12. adjusts/modifies language based on the communication situation (communication partner[s], topic, place)	1	2	3	4	NO	NA
13. uses the language (jargon/lingo) of his/her peer group appropriately	1	2	3	4	NO	NA
14. tells/understands jokes/stories that are appropriate to the situation	1	2	3	4	NO	NA
15. shows appropriate sense of humor during communication situations	1	2	3	4	NO	NA
16. joins or leaves an ongoing communicative interaction appropriately	1	2	3	4	NO	NA
17. participates/interacts appropriately in structured group activities	1	2	3	4	NO	NA
18. participates/interacts appropriately in unstructured group activities	1	2	3	4	NO	NA
19. uses other media (email, phone, answering machine) appropriately	1	2	3	4	NO	NA
20. responds to introductions and introduces others	1	2	3	4	NO	NA
21. uses appropriate strategies for getting attention	1	2	3	4	NO	NA
22. uses appropriate strategies for responding to interruptions and interrupting others	1	2	3	4	NO	NA

Continued on next page.

Asking For, Giving, and Responding to Information

The child

Never
Sometimes
Often
Always
Not Observed
Not Appropriate

23. gives/asks for directions using appropriate language	1	2	3	4	NO	NA
24. gives/asks for the time of events	1	2	3	4	NO	NA
25. gives/asks for reasons and causes for actions/conditions/choices	1	2	3	4	NO	NA
26. asks for help from others appropriately	1	2	3	4	NO	NA
27. offers to help others appropriately	1	2	3	4	NO	NA
28. gives/responds to advice or suggestions appropriately	1	2	3	4	NO	NA
29. asks others for permission when required	1	2	3	4	NO	NA
30. agrees and disagrees using appropriate language	1	2	3	4	NO	NA
31. asks for clarification if he/she is confused or if the situation is unclear	1	2	3	4	NO	NA
32. accepts/rejects invitations appropriately, using appropriate language	1	2	3	4	NO	NA
33. starts/responds to verbal and nonverbal negotiations appropriately	1	2	3	4	NO	NA
34. reminds others/responds to reminders appropriately	1	2	3	4	NO	NA
35. asks others to change their actions/states appropriately (please move, stop tapping)	1	2	3	4	NO	NA
36. apologizes/accepts apologies appropriately	1	2	3	4	NO	NA
37. responds appropriately when asked to change his/her actions (by accepting/rejecting)	1	2	3	4	NO	NA
38. responds to teasing, anger, failure, disappointment appropriately	1	2	3	4	NO	NA
39. offers/responds to expressions of affection, appreciation appropriately	1	2	3	4	NO	NA

Nonverbal Communication Skills

Note: Examples of nonverbal skills might include waving to greet someone, gesturing to give someone a reminder, or nodding to show one's agreement.

The child reads and interprets the following nonverbal messages accurately

Never
Sometimes
Often
Always
Not Observed
Not Appropriate

40. facial cues	1	2	3	4	NO	NA
41. body language	1	2	3	4	NO	NA
42. tone of voice	1	2	3	4	NO	NA

The child demonstrates appropriate use of the following nonverbal support

43. facial cues	1	2	3	4	NO	NA
44. body language	1	2	3	4	NO	NA
45. voice intonation	1	2	3	4	NO	NA
46. appropriately expresses messages nonverbally	1	2	3	4	NO	NA
47. uses nonverbal cues appropriate to the situation	1	2	3	4	NO	NA
48. adjusts body distance (sit/stand) appropriate to the situation	1	2	3	4	NO	NA
49. presents matching nonverbal and verbal messages	1	2	3	4	NO	NA
50. knows how someone is feeling based on nonverbal cues	1	2	3	4	NO	NA
51. reads the social situation (script) correctly and behaves/responds appropriately	1	2	3	4	NO	NA
52. understands posted and implied group/school rules	1	2	3	4	NO	NA

Name of Child: _____

Date of Birth: _____

Name of Rater: _____

Date of Rating: _____

This child stands out as different from other children of his/her age in the following way:

	No	Somewhat	Yes
1. Is old-fashioned or precocious	_____	_____	_____
2. Is regarded as an "eccentric professor" by the other children	_____	_____	_____
3. Lives somewhat in a world of his/her own with restricted idiosyncratic intellectual interests	_____	_____	_____
4. Accumulates facts on certain subjects (good rote memory) but does not really understand the meaning	_____	_____	_____
5. Has a literal understanding of ambiguous and metaphorical language	_____	_____	_____
6. Has a deviant style of communication with a formal, fussy, old-fashioned or "robot-like" language	_____	_____	_____
7. Invents idiosyncratic words and expressions	_____	_____	_____
8. Has a different voice or speech	_____	_____	_____
9. Expresses sounds involuntarily; clears throat, grunts, smacks, cries or screams	_____	_____	_____
10. Is surprisingly good at some things and surprisingly poor at others	_____	_____	_____
11. Uses language freely but fails to make adjustment to fit social contexts or the needs of different listeners	_____	_____	_____
12. Lacks empathy	_____	_____	_____
13. Makes naive and embarrassing remarks	_____	_____	_____
14. Has a deviant style of gaze	_____	_____	_____
15. Wishes to be sociable but fails to make relationships with peers	_____	_____	_____
16. Can be with other children but only on his/her terms	_____	_____	_____
17. Lacks best friend	_____	_____	_____
18. Lacks common sense	_____	_____	_____
19. Is poor at games: no idea of cooperating in a team, scores "own goals"	_____	_____	_____
20. Has clumsy, ill coordinated, ungainly, awkward movements or gestures	_____	_____	_____
21. Has involuntary face or body movements	_____	_____	_____
22. Has difficulties in completing simple daily activities because of compulsory repetition of certain actions or thoughts	_____	_____	_____
23. Has special routines: insists on no change	_____	_____	_____
24. Shows idiosyncratic attachment to objects	_____	_____	_____
25. Is bullied by other children	_____	_____	_____
26. Has markedly unusual facial expression	_____	_____	_____
27. Has markedly unusual posture	_____	_____	_____

TEENAGER'S QUESTIONNAIRE

Completed by: _____ on _____
(your name) (date)

Who wanted you to see me ? (check all that apply and **Circle the main one**)

- YOU Parents/Caregivers Counselor/therapist Your Doctor
- Friends Police/Lawyers/Judge School/Teacher/Principal Other _____

In your own words, explain to me why you are here today.

What would you like me to help you fix/change?

Please print

YOUTH SELF-REPORT FOR AGES 14-18

YOUR FULL NAME	First	Middle	Last	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 _____ MOTHER'S TYPE OF WORK _____
YOUR GENDER	YOUR AGE	YOUR ETHNIC GROUP OR RACE		
TODAY'S DATE			YOUR BIRTHDATE	
Mo. ___ Day ___ Year _____			Mo. ___ Day ___ Year _____	
GRADE IN SCHOOL _____		IF YOU ARE WORKING, PLEASE STATE YOUR TYPE OF WORK: _____ _____		
NOT ATTENDING SCHOOL <input type="checkbox"/>				

Please fill out this form to reflect your views, even if other people might not agree. Feel free to print additional comments beside each item and in the spaces provided on pages 2 and 4. **Be sure to answer all items.**

I. Please list the sports you most like to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

- None
- a. _____
- b. _____
- c. _____

Compared to others of your age, about how much time do you spend in each?

Less Than Average	Average	More Than Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compared to others your age, how well do you do each one?

Below Average	Average	Above Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Please list your favorite hobbies, activities, and games, other than sports.

For example: cards, books, piano, crafts, cars, computers, etc. (Do not include listening to radio or TV.)

- None
- a. _____
- b. _____
- c. _____

Compared to others of your age, about how much time do you spend in each?

Less Than Average	Average	More Than Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compared to others of your age, how well do you do each one?

Below Average	Average	Above Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Please list any organizations, clubs, teams, or groups you belong to.

- None
- a. _____
- b. _____
- c. _____

Compared to others of your age, how active are you in each?

Less Active	Average	More Active
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. Please list any jobs or chores you have.

For example: paper route, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.)

- None
- a. _____
- b. _____
- c. _____

Compared to others of your age, how well do you carry them out?

Below Average	Average	Above Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Be sure you answered all items.

Please print. Be sure to answer all items.

V. 1. About how many close friends do you have? (Do not include brothers & sisters)

None 1 2 or 3 4 or more

2. About how many times a week do you do things with your friends outside of regular school hours?
(Do not include brothers & sisters)

Less than 1 1 or 2 3 or more

VI. Compared to others of your age, how well do you:

	Worse	Average	Better	
a. Get along with your brothers & sisters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I have no brothers or sisters
b. Get along with other kids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Behave with your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Do things by yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VII.1. Performance in academic subjects. I do not attend school because _____

Check a box for each subject that you take		Failing	Below Average	Average	Above Average
Other academic subjects—for example: computer courses, foreign language, business. Do not include gym, shop, driver's ed., or other nonacademic subjects.	a. Reading, English, or Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. History or Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Arithmetic or Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any illness, disability, or handicap? No Yes—please describe:

Please describe any concerns or problems you have about school:

Please describe any other concerns you have:

Please describe the best things about yourself:

Please print. Be sure to answer all items.

Below is a list of items that describe kids. For each item that describes you **now or within the past 6 months**, please circle the **2** if the item is **very true or often true** of you. Circle the **1** if the item is **somewhat or sometimes true** of you. If the item is **not true** of you, circle the **0**.

0 = Not True			1 = Somewhat or Sometimes True			2 = Very True or Often True		
0	1	2	1. I act too young for my age	0	1	2	33. I feel that no one loves me	
0	1	2	2. I drink alcohol without my parents' approval (describe): _____ _____	0	1	2	34. I feel that others are out to get me	
0	1	2	3. I argue a lot	0	1	2	35. I feel worthless or inferior	
0	1	2	4. I fail to finish things I start	0	1	2	36. I accidentally get hurt a lot	
0	1	2	5. There is very little that I enjoy	0	1	2	37. I get in many fights	
0	1	2	6. I like animals	0	1	2	38. I get teased a lot	
0	1	2	7. I brag	0	1	2	39. I hang around with kids who get in trouble	
0	1	2	8. I have trouble concentrating or paying attention	0	1	2	40. I hear sounds or voices that other people think aren't there (describe): _____ _____	
0	1	2	9. I can't get my mind off certain thoughts; (describe): _____ _____	0	1	2	41. I act without stopping to think	
0	1	2	10. I have trouble sitting still	0	1	2	42. I would rather be alone than with others	
0	1	2	11. I'm too dependent on adults	0	1	2	43. I lie or cheat	
0	1	2	12. I feel lonely	0	1	2	44. I bite my fingernails	
0	1	2	13. I feel confused or in a fog	0	1	2	45. I am nervous or tense	
0	1	2	14. I cry a lot	0	1	2	46. Parts of my body twitch or make nervous movements (describe): _____ _____	
0	1	2	15. I am pretty honest	0	1	2	47. I have nightmares	
0	1	2	16. I am mean to others	0	1	2	48. I am not liked by other kids	
0	1	2	17. I daydream a lot	0	1	2	49. I can do certain things better than most kids	
0	1	2	18. I deliberately try to hurt or kill myself	0	1	2	50. I am too fearful or anxious	
0	1	2	19. I try to get a lot of attention	0	1	2	51. I feel dizzy or lightheaded	
0	1	2	20. I destroy my own things	0	1	2	52. I feel too guilty	
0	1	2	21. I destroy things belonging to others	0	1	2	53. I eat too much	
0	1	2	22. I disobey my parents	0	1	2	54. I feel overtired without good reason	
0	1	2	23. I disobey at school	0	1	2	55. I am overweight	
0	1	2	24. I don't eat as well as I should	0	1	2	56. Physical problems without known medical cause: _____ _____	
0	1	2	25. I don't get along with other kids	0	1	2	a. Aches or pains (not stomach or headaches)	
0	1	2	26. I don't feel guilty after doing something I shouldn't	0	1	2	b. Headaches	
0	1	2	27. I am jealous of others	0	1	2	c. Nausea, feel sick	
0	1	2	28. I break rules at home, school, or elsewhere	0	1	2	d. Problems with eyes (not if corrected by glasses) (describe): _____	
0	1	2	29. I am afraid of certain animals, situations, or places, other than school (describe): _____ _____	0	1	2	e. Rashes or other skin problems	
0	1	2	30. I am afraid of going to school	0	1	2	f. Stomachaches	
0	1	2	31. I am afraid I might think or do something bad	0	1	2	g. Vomiting, throwing up	
0	1	2	32. I feel that I have to be perfect	0	1	2	h. Other (describe): _____ _____	

Please print. Be sure to answer all items.

0 = Not True

1 = Somewhat or Sometimes True

2 = Very True or Often True

- 0 1 2 57. I physically attack people
0 1 2 58. I pick my skin or other parts of my body
(describe): _____

- 0 1 2 59. I can be pretty friendly
0 1 2 60. I like to try new things
- 0 1 2 61. My school work is poor
0 1 2 62. I am poorly coordinated or clumsy
- 0 1 2 63. I would rather be with older kids than kids my
own age
0 1 2 64. I would rather be with younger kids than kids
my own age
- 0 1 2 65. I refuse to talk
0 1 2 66. I repeat certain acts over and over (describe):

- 0 1 2 67. I run away from home
0 1 2 68. I scream a lot
- 0 1 2 69. I am secretive or keep things to myself
0 1 2 70. I see things that other people think aren't
there (describe): _____

- 0 1 2 71. I am self-conscious or easily embarrassed
0 1 2 72. I set fires
- 0 1 2 73. I can work well with my hands
0 1 2 74. I show off or clown
- 0 1 2 75. I am too shy or timid
0 1 2 76. I sleep less than most kids
- 0 1 2 77. I sleep more than most kids during day and/
or night (describe): _____

- 0 1 2 78. I am inattentive or easily distracted
0 1 2 79. I have a speech problem (describe): ____

- 0 1 2 80. I stand up for my rights
0 1 2 81. I steal at home
0 1 2 82. I steal from places other than home
0 1 2 83. I store up too many things I don't need
(describe): _____

- 0 1 2 84. I do things other people think are strange
(describe): _____

- 0 1 2 85. I have thoughts that other people would think
are strange (describe): _____

- 0 1 2 86. I am stubborn
0 1 2 87. My moods or feelings change suddenly
- 0 1 2 88. I enjoy being with people
0 1 2 89. I am suspicious
- 0 1 2 90. I swear or use dirty language
0 1 2 91. I think about killing myself
- 0 1 2 92. I like to make others laugh
0 1 2 93. I talk too much
- 0 1 2 94. I tease others a lot
0 1 2 95. I have a hot temper
- 0 1 2 96. I think about sex too much
0 1 2 97. I threaten to hurt people
- 0 1 2 98. I like to help others
0 1 2 99. I use nicotine (vape/tobacco products)
- 0 1 2 100. I have trouble sleeping (describe): _____

- 0 1 2 101. I cut classes or skip school
0 1 2 102. I don't have much energy
0 1 2 103. I am unhappy, sad, or depressed
- 0 1 2 104. I am louder than other kids
0 1 2 105. I use drugs for nonmedical purposes (**don't**
include alcohol or tobacco) (describe): ____

- 0 1 2 106. I like to be fair to others
0 1 2 107. I enjoy a good joke
- 0 1 2 108. I like to take life easy
0 1 2 109. I try to help other people when I can
- 0 1 2 110. I am comfortable with my gender at birth
0 1 2 111. I keep from getting involved with others
0 1 2 112. I worry a lot

Please write down anything else that describes your feelings, behavior, or interests:

AQ

	Definitely Agree	Slightly Agree	Slightly Disagree	Definitely Disagree
I prefer to do things with others rather than on my own.				
I prefer to do things the same way over and over again.				
If I try to imagine something, I find it very easy to create a picture in my mind.				
I frequently get so strongly absorbed in one thing that I lose sight of other things.				
I often notice small sounds when others do not.				
I usually notice car number plates or similar strings of information.				
Other people frequently tell me that what I've said is impolite, even though I think it is polite.				
When I'm reading a story, I can easily imagine what the characters might look like.				
I am fascinated by dates.				
In a social group, I can easily keep track of several different people's conversations.				
I find social situations easy.				
I tend to notice details that others do not.				
I would rather go to a library than a party.				
I find making up stories easy.				
I find myself drawn more strongly to people than to things.				
I tend to have very strong interests, which I get upset about if I can't pursue.				
I enjoy social chitchat.				
When I talk, it isn't always easy for others to get a word in edgeways.				
I am fascinated by numbers.				
When I'm reading a story, I find it difficult to work out the characters' intentions.				
I don't particularly enjoy reading fiction.				
I find it hard to make new friends.				
I notice patterns in things all the time.				
I would rather go to the theatre than a museum.				
It does not upset me if my daily routine is disturbed.				
I frequently find that I don't know how to keep a conversation going.				
I find it easy to "read between the lines" when someone is talking to me.				

AQ

	Definitely Agree	Slightly Agree	Slightly Disagree	Definitely Disagree
I usually concentrate more on the whole picture rather than the small details.				
I am not very good at remembering phone numbers.				
I don't usually notice small changes in a situation, or a person's appearance.				
I know how to tell if someone listening to me is getting bored.				
I find it easy to do more than one thing at once.				
When I talk on the phone, I'm not sure when it's my turn to speak.				
I enjoy doing things spontaneously.				
I am often the last to understand the point of a joke.				
I find it easy to work out what someone is thinking or feeling just by looking at their face.				
If there is an interruption, I can switch back to what I was doing very quickly.				
I am good at social chitchat.				
People often tell me that I keep going on and on about the same thing.				
When I was young, I used to enjoy playing games involving pretending with other children.				
I like to collect information about categories of things (types of cars, types of birds, types of trains, types of plants, etc.).				
I find it difficult to imagine what it would be like to be someone else.				
I like to plan any activities I participate in carefully.				
I enjoy social occasions.				
I find it difficult to work out people's intentions.				
New situations make me anxious.				
I enjoy meeting new people.				
I am a good diplomat.				
I am not very good at remembering other people's date of birth.				
I find it very easy to play games with children that involve pretending.				
I experience many different emotions daily.				
I dream a lot at night.				

Social History

Are your parents still together?	YES	NO	If 'NO', how old were you when they split up?
Have you ever been physically assaulted?	YES	NO	If 'YES', how old were you when it happened?
Have you ever been sexually assaulted?	YES	NO	If 'YES', how old were you when it happened?
Is CAS involved with your family right now?	YES	NO	If YES , why?
Has CAS ever been involved with your family ?	YES	NO	If YES , why?
Have you ever been in foster care?	YES	NO	If 'YES', how many different homes were you in?
Have you ever been arrested, charged or involved with the police (i.e. Diversion)?	YES	NO	If YES , why?

Recreational Drug Use

Do you smoke cigarettes or vape nicotine	YES	NO	How much/often _____ per _____(day/week)
Do you use marijuana	YES	NO	How much/often? _____g per _____(day/week)
Do you drink alcohol	YES	NO	How many drinks to get you drunk? _____
Have you done harder drugs like speed, E, coke, LSD, Percs, Oxys, etc.	YES	NO	Which ones and how much/often?
Are you trying to stop using any of the above?	YES	NO	

Romantic Relationships

Are you interested in the same gender opposite gender all genders

Are you sexually active (have you had sex with someone)?	YES	NO	If YES, how many different partners have you had? _____
Have you ever had a sexually transmitted disease?	YES	NO	If YES , Which one(s)? _____