

Dr. David Templeman 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 email: dr.templeman@gmail.com

Dear parents/caregivers:

Your child has been referred to me by your GP/Paediatrician for an assessment to determine if they have an Autism Spectrum Disorder. **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 2-3 weeks to get there) with my opinion and recommendations. **Follow-up will be with the referring doctor.** I do not see patients more than once. When you come to the appointment, it is best if both parents come. DO NOT bring any other children to the appointment. **I only see teenagers if THEY want to see me.** If they do not want to see me, or change their mind about it later, please let my office know so that we can cancel the referral. If they refuse to attend the appointment or refuse to participate, you will be billed for my time.

Both the Parent questionnaire AND the Teenager's questionnaire **MUST BE COMPLETED AND SUBMITTED TO MY OFFICE IN ORDER TO HAVE AN APPOINTMENT SCHEDULED.** Whenever possible, the intake questionnaire should be filled out by **both parents together**. If parents' opinions are very different from each other, then it is best if each parent completes a questionnaire independently.

The Teenager's questionnaire must be completed by them! Make sure that you have completed your part of the questionnaire so that once they complete theirs, they can submit it directly. Please give them privacy and let them fill it out by themselves, independently. If you are having trouble submitting the questionnaire online, then save a copy of the completed pdf file and e-mail to my office (dr.templeman@gmail.com) as an attachment.

The following additional/optional information can be emailed to me directly:

- Their June report card for the last 3 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 Psychiatric Assessments (if applicable).

If you are unable to keep your appointment, **48 HOURS NOTICE (2 WORKING DAYS - EXCLUDING WEEKENDS)** is required. Missed appointments are not paid for by OHIP and will be billed directly to you (\$300.00). If an assessment is missed, I will not reschedule it until the fee is paid in full.

Sincerely,



Dr. David Templeman 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 month year

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

Address: _____ Postal Code: _____ Phone #: _____

Parent/caregiver's e-mail: _____

Who lives in the home?

☐ MOM ☐ DAD

☐ Step-Parent: _____

Siblings: _____
Name Age Name Age Name Age

_____ Age _____ Age _____ Age
Name Name Name Name

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

	Addictions	Violent/aggressive Criminal	Learning Disabilities	Anxiety / OCD / Panic	Mood	Bipolar	Autism	Tourette's tics	Personality Disorders	ADHD
Mother										
her parents										
her siblings										
Father										
his parents										
his siblings										
Child's Sibling 1										
Child's Sibling 2										
Child's Sibling 3										
Child's Sibling 4										

Medical problems: [chronic or serious **physical** health problems]

_____ ☐ 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)

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

Pregnancy	YES	NO		
Was the pregnancy intentional?				
Did the mother take any drugs or substances during the pregnancy?			Smoked/vaped marijuana/cannabis	
			Drank alcohol	
			Used street drugs like speed, E, cocaine, Opioids, etc.	
			Prescription Medications	
Peri-Post natal				
Was the child born premature (<36 weeks)			If YES, how early? _____	
Did the mother have Post-Partum depression?				
Early Childhood Development (age 1-4)				
Did the child have problems with their moods, compared to other children of the same age?			Colicky for an extended period of time (>4 weeks) (loud crying, refused to eat, trouble sleeping, unhappy)	
			Non-responsive, or hard to bond with	
			Really bad temper tantrums	
Did they seem to grow up slowly, compared to other children of the same age?			Slow to learn how to talk/pronounce words properly	
			Slow to learn how to walk/run	
			Slow to learn how to button their shirt or tie their shoelaces	
			Slow to learn how to use the toilet during the day	
Schooling History				
Has the school done any IQ or Learning Disabilities testing on the child?			If YES , please send me a copy of it (you can ask the school for a copy if you don't have it).	
Does this child have an IEP (Individual Education Plan) to help them in class?			If YES , please send me a copy of it (you can ask the school for a copy if you don't have it).	
Has your child been formally suspended from school?			If YES, how many times this year? ____ Last year? ____ Ever? ____	
Does your child miss a lot of school?			If YES, how many days this year? ____ Last year? ____	
Social History				
Are the child's parents still together?			If 'NO', how old were they (the child) when they split?	
Have they (the child) been physically abused?			If 'YES', how old were they when it happened?	
Have they (the child) been sexually abused?			If 'YES', how old were they when it happened?	
Is CAS involved with the family right now?			If YES , why?	
Has CAS ever been involved with the family ?			If YES , why?	
Has the child ever been in foster care?			If 'YES', how many different homes were they in?	
Have they (the child) ever been arrested, charged or under suspicion by the police or had Diversion.			If YES , why?	

If you do not know any of the above, then answer NO and mark here to indicate that you do not know their developmental history.

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 demands 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				

Questionnaire on Social Communication and Interactions

If your child is NOT able to talk using short phrases and sentences, GO TO question 5 (leave 1-4 blank)	YES	NO
1. Do they ever talk with you just to be friendly (rather than to get something)?		
2. Can you have a back-and-forth conversation with them that involves taking turns or building on what you or they have said?		
3. Do they ever make odd, repetitive noises or say the same thing over and over in exactly the same way (<u>not</u> asking for something but words or phrases they have made up or heard from others or media)?		
4. Do they ever get their pronouns mixed up (e.g. saying 'You' instead of 'I', 'He' instead of 'She') or refer to themselves in the third person (by their own name)?		
5. Have they ever had things that they seemed to have to do in a very particular way or order, or rituals that they insisted that you follow (e.g. bedtime routine, the shape of food, how they eat, where they sit, what cutlery they use)?		
6. Have they ever used your hand like a tool, or as if it were part of their own body (e.g. pointing with your finger, putting your hand on a door knob to get you to open a door, putting your hand on the toy they want you to use)?		
7. Have they ever had any interests that preoccupy them and seem odd compared to other children their age (e.g. traffic lights, toilets, street signs, washing machines, fans, numbers)?		
8. Have they ever seemed to be more interested in a certain part of a toy or an object rather than using it the way it is supposed to be used (e.g. spinning the wheels of a toy, opening and closing a door repeatedly, lining up, sorting or stacking toys instead of playing with them)?		
9. Have they ever had any special interests that are <u>unusual</u> in their intensity but otherwise appropriate for children their age (e.g. trains, animals, colours, a specific show or character)?		
10. Have they ever seemed to be <u>unusually interested</u> in the sight, feel, sound, taste or smell of things or people?		
11. Have they ever seemed to be <u>unusually bothered</u> by the sight, feel, sound, taste or smell of things or people?		
12. Have they ever had any odd ways of moving their hands or fingers such as flapping, twisting or rhythmically moving them in front of their eyes?		
13. Have they ever had any repetitive movements of their whole body such as spinning, rocking, jumping up and down, or have an odd way of sitting or walking (e.g. on their toes all the time)?		
14. Have they ever repeatedly banged their head against objects, hit themselves, bitten themselves or otherwise purposely done something to themselves that looks like it would hurt?		
15. Have they ever had any objects (other than a soft toy or blanket) that they have to carry around with them most of the day or take to bed with them?		
16. Do they have a "best friend" that they really like to play with and are always excited to see?		
17. Do they usually remember friends' names?		
18. Does their facial expression usually seem appropriate to the situation, as far as you can tell?		

The following questions (19-41) are specifically about when they were between the ages of 4-6 (JK & SK years)		
19. Did they ever spontaneously copy what they saw you or other people doing in real life – not on TV or digital media (e.g. vacuuming, cooking, gardening, dancing, exercising)?		
20. Did they ever spontaneously point at things around them just to show you something they liked or found interesting (not because they wanted it)?		
21. Did they ever use gestures, other than pointing or pulling your hand, to let you know what they wanted?		
22. Did they sometimes nod their head to mean “yes” instead of saying it?		
23. When they said the word “yes”, did they nod their head at the same time?		
24. Did they sometimes shake their head side-to-side to mean “no” instead of saying it?		
25. When they said the word “no”, did they shake their head side-to-side at the same time?		
26. Did they usually look at you directly and make eye contact for longer than 2 seconds when doing things with you or talking with/listening to you?		
27. Did they smile back at someone if someone smiled at them?		
28. Did they ever bring things to you, just to show it to you (not because they wanted you to do something with it)?		
29. Did they ever offer to share things other than food with you?		
30. Did they ever seem to want you to join in their enjoyment of something?		
31. Did they ever try to comfort you if you were sad or hurt?		
32. When they wanted something, or wanted help, did they look at you directly and use gestures along with sounds or words to get your attention?		
33. Did they show a normal range of facial expressions throughout the day?		
34. Did they ever spontaneously join in and try to copy actions in social games such as Duck, Duck, Goose, or in children’s songs with gestures?		
35. Did they ever play any pretend or make-believe games with toys, dolls or action figures?		
36. Did they appear to be interested in other children of approximately the same age that they did not know yet?		
37. Did they respond positively when another child approached them or tried to interact with them?		
38. If someone said “hi” or “bye” to them and waved, did they spontaneously reciprocate?		
39. If you came into the room and started talking to them without calling their name, would they usually look up and pay attention to you?		
40. Did they ever play imaginative games with other children in such a way that you could tell that they understood what each other was pretending?		
41. Did they play cooperatively in games that needed some form of joining in with a group of other children, such as hide and seek, grounders or soccer?		

Pragmatics / Non-Verbal communication

Rate each item using the word that best describes how often the child demonstrates the skill - Never (<10% of the time), Sometimes (11-50%), Often (51-89%) or Always (>90% of the time). If you have never observed the child in the situation the skill describes, click on *Not Observed*. If the situation the skill describes is not appropriate for that child, either due to their age, cultural expectations or for any other reason, click on *Not Applicable*. 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.

Rituals and Conversational Skills

The child

Almost Never
Sometimes
Often
Almost Always

Not Applicable
Not Observed

1. makes/responds to greetings to/from others						
2. makes/responds to farewells to/from others						
3. begins/ends conversations (face-to-face, phone, etc.) appropriately						
4. observes turn-taking rules in the classroom or in social interactions						
5. maintains eye contact, appropriate body position during conversations						
6. introduces appropriate topics of conversation						
7. maintains topics using appropriate strategies (e.g., nods, responds with "hmmm...")						
8. makes relevant contributions to a topic during conversation/discussion						
9. asks appropriate questions during conversations and discussions						
10. avoids use of repetitive/redundant information						
11. asks for/responds to requests for clarification during conversations						
12. adjusts/modifies language based on the situation (who they are talking to, topic, place)						
13. uses the language (jargon/lingo) of his/her peer group appropriately						
14. tells/understands jokes/stories that are appropriate to the situation						
15. shows appropriate sense of humor during communication situations						
16. joins or leaves an ongoing communicative interaction appropriately						
17. participates/interacts appropriately in structured group activities						
18. participates/interacts appropriately in unstructured group activities						
19. uses other media (email, phone, answering machine) appropriately						
20. responds to introductions and introduces others						
21. uses appropriate strategies for getting attention						
22. uses appropriate strategies for responding to interruptions and interrupting others						

Asking For, Giving, and Responding to Information

The child

Almost Never
Sometimes
Often
Almost Always
Not Applicable
Not Observed

23. gives/asks for directions using appropriate language						
24. gives/asks for the time of events						
25. gives/asks for reasons and causes for actions/conditions/choices						
26. asks for help from others appropriately						
27. offers to help others appropriately						
28. gives/responds to advice or suggestions appropriately						
29. asks others for permission when required						
30. agrees and disagrees using appropriate language						
31. asks for clarification if he/she is confused or if the situation is unclear						
32. accepts/rejects invitations appropriately, using appropriate language						
33. starts/responds to verbal and nonverbal negotiations appropriately						
34. reminds others/responds to reminders appropriately						
35. asks others to change their actions/states appropriately (please move, stop tapping)						
36. apologizes/accepts apologies appropriately						
37. responds appropriately when asked to change his/her actions (by accepting/rejecting)						
38. responds to teasing, anger, failure, disappointment appropriately						
39. offers/responds to expressions of affection, appreciation appropriately						

Nonverbal Communication Skills

The child reads and interprets (understands) the following nonverbal messages accurately

40a. facial expressions of close family members						
40b. facial expressions of unfamiliar people						
41a. tone of voice of close family members						
41b. tone of voice of unfamiliar people						
42. body language						

The child demonstrates appropriate use of the following nonverbal communication skills

43. facial expressions (i.e. are they appropriate to the situation?)						
44. body language						
45. the tone of their voice						
46. eye contact						
47. uses gestures that others understand and are appropriate to the situation						
48. adjusts body distance appropriately for the situation (i.e. is aware of others' personal space)						
49. presents matching nonverbal and verbal messages						
50. knows how someone is feeling based on nonverbal cues						
51. reads the social situation (script) correctly and behaves/responds appropriately						
52. when in a group, understands and follows implied behavioural expectations (i.e. knows how to follow the group)						

**THE REST OF THIS QUESTIONNAIRE IS
FOR YOUR TEENAGER TO COMPLETE
THEMSELVES.**

**PLEASE GIVE THEM PRIVACY AND
DO NOT READ IT WITHOUT THEIR
CONSENT!**

SELF-REPORT FOR CHILDREN AGES 13-17

LEGAL NAME:			PARENTS' USUAL TYPE OF WORK, even if not working now. (Please be specific — i.e. mechanic, high school teacher, homemaker, construction, doctor, salesman, military, general labourer, IT, etc.) FATHER'S TYPE OF WORK _____ MOTHER'S TYPE OF WORK _____
PREFERRED NAME:			
Gender:	YOUR AGE	YOUR ETHNICITY	
Pronouns:			
YOUR BIRTHDATE DD ____ MM ____ YY ____		TODAY'S DATE DD ____ MM ____ YY ____	Please fill out this form to reflect your views, even if other people might not agree.
GRADE: in-person _____ online _____ other _____		IF YOU HAVE A PAID JOB, WHAT IS IT? _____ _____	

Please list the sports you most like to take part in. For example: swimming, baseball, hockey, skate boarding, bike riding, soccer, etc. None ☐ a. _____ b. _____ c. _____	Compared to others of your age, about how much time do you spend in each? <table style="margin: auto;"> <tr> <th style="padding: 2px;">Less Than Average</th> <th style="padding: 2px;">Average</th> <th style="padding: 2px;">More Than Average</th> </tr> <tr> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> </table>	Less Than Average	Average	More Than Average	☐	☐	☐	☐	☐	☐	☐	☐	☐	Compared to others your age, how well do you do each one? <table style="margin: auto;"> <tr> <th style="padding: 2px;">Below Average</th> <th style="padding: 2px;">Average</th> <th style="padding: 2px;">Above Average</th> </tr> <tr> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> </table>	Below Average	Average	Above Average	☐	☐	☐	☐	☐	☐	☐	☐	☐
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Please list your favorite hobbies, activities, and games, other than sports. For example: cards, books, piano, crafts, cars, computers, Cosplay, etc. None ☐ a. _____ b. _____ c. _____	Compared to others of your age, about how much time do you spend in each? <table style="margin: auto;"> <tr> <th style="padding: 2px;">Less Than Average</th> <th style="padding: 2px;">Average</th> <th style="padding: 2px;">More Than Average</th> </tr> <tr> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> </table>	Less Than Average	Average	More Than Average	☐	☐	☐	☐	☐	☐	☐	☐	☐	Compared to others of your age, how well do you do each one? <table style="margin: auto;"> <tr> <th style="padding: 2px;">Below Average</th> <th style="padding: 2px;">Average</th> <th style="padding: 2px;">Above Average</th> </tr> <tr> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> </table>	Below Average	Average	Above Average	☐	☐	☐	☐	☐	☐	☐	☐	☐
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☐	☐	☐																								

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? <table style="margin: auto;"> <tr> <th style="padding: 2px;">Less Active</th> <th style="padding: 2px;">Average</th> <th style="padding: 2px;">More Active</th> </tr> <tr> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> </table>	Less Active	Average	More Active	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Less Active	Average	More Active												
☐	☐	☐												
☐	☐	☐												
☐	☐	☐												

How many hours a day do you spend using electronic devices for entertainment (not school or work)? <table style="margin: auto;"> <tr> <th style="padding: 2px;"><2</th> <th style="padding: 2px;">2-5</th> <th style="padding: 2px;">6-10</th> <th style="padding: 2px;">>11</th> </tr> <tr> <td style="text-align: center;">Weekdays: ☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td style="text-align: center;">Weekends: ☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> </table>	<2	2-5	6-10	>11	Weekdays: ☐	☐	☐	☐	Weekends: ☐	☐	☐	☐	Please list your top 5 apps used in the last 3 months, from the most time spent using it to the least: Most: _____ _____ _____ _____ Least _____
<2	2-5	6-10	>11										
Weekdays: ☐	☐	☐	☐										
Weekends: ☐	☐	☐	☐										

How many close friends do you have? (do NOT include online friends you've never met or siblings)

☐ None ☐ 1 ☐ 2 or 3 ☐ 4 or more

How many times a week do you hang out (in person) with one or more of these friends, outside of school?

☐ Less than 1 ☐ 1 or 2 ☐ 3 or more

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

	Worse	Average	Better	
a. Get along with your siblings?	☐	☐	☐	☐ I have no brothers or sisters
b. Get along with other teenagers?	☐	☐	☐	
c. Get along with/obey your parents?	☐	☐	☐	
d. Do things by yourself?	☐	☐	☐	

Performance in school subjects:

☐ I do not attend school because _____

In general, how well do you do in the following subjects:

	Failing	Below Average	Average	Above Average
a. English or Languages	☐	☐	☐	☐
b. History or Social Studies	☐	☐	☐	☐
c. Maths	☐	☐	☐	☐
d. Sciences	☐	☐	☐	☐
e. Tech, Shop	☐	☐	☐	☐
f. Gym	☐	☐	☐	☐

Do you have any diagnosed mental health problems?

☐ No

☐ Yes—please describe:

Do you suspect that you have an undiagnosed issue?

☐ No

☐ Yes—please describe:

Please describe the best things about yourself.

What are some of the best things that others have said about you?

Now or within the past 6 months, mark **2** if the item is **very true or often true**, **1** if the item is **somewhat or sometimes true** and **0** if the item is **not true** of you.

0 = Not True			1 = Somewhat or Sometimes True	2 = Very True or Often True		
0	1	2		0	1	2
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 more than people	0	1	2 38. I get teased or bullied a lot
0	1	2	7. I know a lot of facts about a lot of things	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 my parents	0	1	2 43. I lie or cheat
0	1	2	12. I feel lonely	0	1	2 44. I am easily overstimulated by noise
0	1	2	13. I feel confused in conversations	0	1	2 45. I am nervous or stressed
0	1	2	14. I cry a lot	0	1	2 46. Parts of my body move automatically (tics or stims) (describe): _____
0	1	2	15. I am very honest / blunt	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 teens
0	1	2	17. I break rules at home and at school	0	1	2 49. I can do certain things better than most teens
0	1	2	18. I deliberately try to kill myself	0	1	2 50. I am too fearful or anxious
0	1	2	19. I deliberately hurt myself to cope with emotions	0	1	2 51. I feel dizzy or lightheaded
0	1	2	20. I destroy my own things when I get mad	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 am a very picky eater	0	1	2 56. Physical problems <i>without known medical cause:</i>
0	1	2	25. I don't get along with other teens	0	1	2 a. Aches or pains (<i>not</i> stomach or headaches)
0	1	2	26. I don't feel guilty after breaking rules or hurting others	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 like to daydream a lot	0	1	2 d. Problems with eyes (<i>not</i> if corrected by glasses) (describe): _____
0	1	2	29. I have phobias (describe): _____ _____	0	1	2 e. Rashes or other skin problems
0	1	2	30. I miss a lot of school	0	1	2 f. Stomach aches
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): _____

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.				
When I try to imagine something, I find it <u>very easy</u> to create a picture of it in my mind.				
I frequently get so strongly absorbed in one thing that I lose sight of other things.				
I often notice quiet sounds when others do not.				
I usually notice numbers on license plates or similar strings of information.				
Other people frequently tell me that what I've said is rude or mean, even though I wasn't trying to be.				
When I'm reading a story, I <u>easily</u> imagine what I think the characters look like.				
I am fascinated by dates of events (i.e. birthdays, historical events).				
When in groups of people, I can easily keep track of several different people's conversations happening at the same time.				
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 (creative writing) easy.				
I find myself drawn more strongly to people than to things.				
I often have very strong interests, which I get upset about if I can't pursue them.				
I enjoy casual conversations with people.				
When I talk about something I really like, it isn't easy for others to interrupt to ask questions, or join in the conversation.				
I really like numbers and counting things.				
When I'm reading a story, it's hard for me to figure out the characters' intentions.				
I don't enjoy reading fiction books.				
I find it hard to make new friends.				
I notice patterns in things all the time.				
I would rather watch a movie than a documentary.				
It does not upset me if my daily routine has to change suddenly.				
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.				

AQ

	Definitely Agree	Slightly Agree	Slightly Disagree	Definitely Disagree
I usually concentrate more on the whole picture rather than the small details.				
I can usually accurately predict what's going to happen next in books or movies.				
I don't usually notice small changes in an environment, or a person's appearance.				
I notice pretty quickly if someone listening to me is getting bored.				
I prefer to do more than one thing at a time.				
When I talk on the phone, I'm not sure when it's my turn to speak.				
I enjoy doing things spontaneously.				
Quite often, I don't understand jokes, or get why people are laughing.				
It is easy for me to tell what someone is thinking or feeling just by looking at their face.				
If I am briefly interrupted while doing something, I can get back to what I was doing very easily.				
When I am talking to someone about my interests, I often pause to make sure they are not confused and still following me.				
People often tell me that I talk too much about the same things.				
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 hard to imagine what it would be like to be someone else.				
I like to carefully plan and/or schedule each part of the activities I participate in.				
I enjoy hanging out with people for no particular reason.				
I find it hard to figure out people's intentions.				
New situations or situations that have changed make me uncomfortable because I don't know what to do.				
I enjoy meeting new people and making new friends.				
I am good at mediating other people's conflicts.				
I am bad at remembering other people's birthdays or anniversaries.				
I find it very easy to do pretend play with young children.				
It's easy for me to identify and label how I am feeling at any given time.				
I think that <u>why</u> someone did something (their intentions) are often just as important as <u>what</u> they did.				

Social History

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

Recreational Substances

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

Romantic/Sexual Relationships

How do you identify in terms of romantic interests? _____ Sexual interests? _____			
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?			If YES, Which one(s)? _____