

ds Name:	DOB:	Age:	Today's Date:_	
Check the Items below	that apply			
A. Developmental Fac Prenatal History	ctors			
How was the moth	er's health during pregnan	ıcy?		
Good	Fair	Po	oor	Don't know
How old was moth  —————  Did mother use an	er at child's birth? ——— y of the following substance	ces during preį	gnancy?	
Beer/Wine				
Never	1-2times	3-	·9 times	>10 times
Hard Liquor Never	1-2times	3-	9 times	>10 times
Coffee/Soda/ Caffe	einated Products			
Never	1-2times	3-	·9 times	>10 times
Cigarettes				
Never	1-2times	3-	9 times	>10 times
Street Drugs				
Never	1-2times	3-	9 times	>10 times
Antibiotics (anti-viral m Sleeping Pills Tranquilizers, Anti-seizo <b>Perinatal History</b>	ure medication (e.g. Dilant	in)	ancy?	
•	omplications during pregna	ancy?		
If yes please explain:				

Baby's Birth weight:	
Type of Delivery:	
Vaginal Delivery   C-Section	
If C-Section explain why?	
Postnatal History	
If yes to any questions please explain	
Was there any early infancy feeding problems?	
Was the child colicky?	
Where there early infancy sleep pattern difficulties?	
Where there problems with the infant's alertness?	
Did the infant experience any health problems during infancy?	
Did the infant experience any health problems during infancy?	
Did the child have congenital problems?	
Was the child an easy baby?	
That the time an easy subj.	
Is your child sociable?	
How would you rate your child's activity level as an infant/toddler?	
Very Active         Average         Less Active         Not Active	
Developmental Milestones	
What age did he/she sit up?	
What age did he/she crawl?	
What age did he/she walk?	
What age did he/she speak single words other than "mama/dada"?	
What age did he/her string 2-3 words together?	
What age was the child toilet trained (bladder control)?	

What age was the child toilet trained (bowel control)?

## **B.** Medical History

How would you describe your child's health?	Good	Fair	Poor
How is his/her hearing?	Good	Fair	Poor
How is his/her vision?	Good	Fair	Poor
How is his/her gross motor coordination?	Good	Fair	Poor
How is his/her fine motor coordination?	Good	Fair	Poor

Is there a history of any chronic medical problems?	
If yes please explain	

Child have any history of....

Accidents/fractures?
Any type of illness that warranted hospital admission?
Surgery?
Suspicions of alcohol/drug abuse?
Child abuse?
Problems sleeping?
Restless sleeper?
Appetite control problems?
Bowel control problems at night?
Bladder control problems during the day?

# C. Treatment History

Has child been prescribed medication	What kind?	Dosage?	Duration?
for ADHD?			

Has the child ever had any of the following?

Psychological treatment?
Individual psychotherapy?
Group therapy?
Family therapy with child?
In patient evaluation and treatment?
Residential treatment?

### D. School History

Please summarize the child's progress (e.g. academic, social, testing) within each of these grade levels:

Pre-School:	
Kindergarten:	
Grades1-3:	
Grades 4-6:	

	Do any of	Do any of the following apply to your child?									
	Been in ar	ny typ	e of s	pecial ed	ucation <sub>l</sub>	program?					
	Suspende	d fror	n scho	ool?			If ye	s, how ma	ny tim	es?	
	Expelled from school?					If ye	s, how ma	ny tim	es?		
	Retained	a grac	de?				If ye	s, what gra	ade(s)?	?	
	Social His	tory									
	How does	the c	hild g	et along v	with sibli	ings?					
	No sibl	lings		Better	than ave	erage	Ave	erage	٧	Vorse th	nan average
	How easily	y doe	s the c								
	Bette	r tha	n aver	age	<i>I</i>	Average		Worse th	an ave	erage	
	How long	does	the ch	nild keep	friendsh	ips?	•				
	>6mc	os		6mos-1	yr	M	ore tha	n 1 yr		Don'	t know
	Current B Primary C			oncerns							
•				oncerns							
:•	Primary C	oncer	rns:		plement	ed to add	ress th	ese proble	ems?		
•	Primary C	oncer	rns: s have	been im		ed to add	ress th	ese proble	ems?		
•	Primary C	oncer	s have	been im		ed to add	ress th	ese proble	ems?		
•	Primary C	oncer	s have Verb	been im al reprim out	ands	ed to add	ress th	ese proble	ems?		
:-	Primary C	oncer	s have  Verbo	been im al reprim out oval of Pr	ands	ed to add	ress th	ese proble	ems?		
=-	Primary C	oncer	verb Time Remo	al reprim out oval of Pr	ands	ed to add	ress th	ese proble	ems?		
:.	Primary C	oncer	verb Time Remo Rewa Physi	al reprim out oval of Pr ards ical Punis	ands rivileges	ed to add	ress th	ese proble	ems?		
	Primary C	oncer	verb Time Remo Rewa Physi	al reprim out oval of Pr	ands rivileges	ed to add	ress th	ese proble	ems?		
	Primary C	tegies	verbander Newa Remandarian	al reprim out oval of Pr ards ical Punis dance of	ands rivileges chment child				ems?		
t!	Primary C	tegies	verbander Newa Remandarian	al reprimout out oval of Pr ards ical Punis dance of o	ands rivileges shment child mply with						80-100%
t <u> </u>	Primary Co	tegies	verbander Nemon Remon Avoid Physical Avoid 20-2	al reprimout out oval of Prards ical Punis dance of r child co	ands rivileges chment child mply wit	th initial c	omma	nds?			80-100%

None of the time

Some of the time

Most of the time

Have any of the following stress events occurred within the last 12 months?

Parents divorced or separated
Family accident or divorce
Death in family
Parent changed job
Changed school
Family moved
Family financial problems
Others, specify

# G. Diagnostic Criteria

Which of the following are considered to be significant problems at the present time?

Fidgets	Yes	No
Difficulty remaining seated	Yes	No
Easily distracted	Yes	No
Difficulty awaiting turn	Yes	No
Often blurts out answers to questions before completed	Yes	No
Difficulty following instructions	Yes	No
Often talks excessively	Yes	No
Difficulty sustaining attention	Yes	No
Shifts from activity to another	Yes	No
Difficulty playing quietly	Yes	No
Often interrupts or intrudes on others	Yes	No
Often loses things	Yes	No
Often engages in physically dangerous activities	Yes	No
When did the above problems begin?(Specify age)	·	·
Often loses temper	Yes	No
Often argues with adults	Yes	No
Often actively defies or refuses adult request or rules	Yes	No
Often deliberately does things that annoy people	Yes	No
Often blames others for own mistake	Yes	No
Is often touchy or easily annoyed by others	Yes	No
Is often angry or resentful	Yes	No
Is often spiteful or vindictive	Yes	No
Often swears or uses obscene language	Yes	No
When did the above problems begin? (Specify age)		
Has stolen without confrontation	Yes	No
Run away from overnight at least twice	Yes	No
Lies often	Yes	No
Deliberate fire-setting	Yes	No
Often truant	Yes	No
Destroyed other's property	Yes	No
Used a weapon in a fight	Yes	No
Often initiates physical fights	Yes	No
Physically cruel to people	Yes	No
When did the above problems begin? (Specify age)		

figures Persistent school refusal Unrealistic and persistent worry about calamitous event that will separate attachment figure and child Persistent to sleep alone Persistent avoidance of being alone Repeated nightmares regarding separation Somatic complaints Persistent avoidance of being alone Repeated nightmares regarding separation Somatic complaints Persistent avoidance of separation from attachment figure Persistent avoidance of being alone Repeated nightmares regarding separation Somatic complaints Persistent avoidance of being alone Repeated nightmares regarding separation Persistent avoidance of being alone Repeated nightmares regarding separation Persistent avoidance of being alone Repeated nightmares regarding separation Persistent avoidance of being alone Repeated nightmares regarding separation Persistent avoidance of being alone Persistent not sleep alone Persi	Unrealistic and persistent worry about possible harm to attachment	Yes	No
Unrealistic and persistent worry about calamitous event that will Persistent to sleep alone Persistent to sleep alone Persistent avoidance of being alone Repeated nightmares regarding separation Somatic complaints Ves No Somatic complaints Yes No Excessive distress in anticipation of separation from attachment figure Excessive distress when separated from home or attachment figure Ves No When did the above problems begin? (Specify age) Unrealistic worry about the future events Ves No Unrealistic concern of appropriateness of past behavior Somatic complaints Ves No Marked self-consciousness Ves No Excessive need for reassurance Ves No Marked inability to relax Ves No When did the above problems begin? (Specify age)  Depressed or irritable mood most of the day nearly everyday Ves No Derceased or increased in appetite Ves No Derceased or increased in appetite Ves No Psychomotor agitation or retardation Ves No Psychomotor agitation or retardation Ves No Diminished ability to concentrate Ves No Diminished ability to concentrate Ves No Psychomotor agitation or attempt Ves No Diminished ability to concentrate Ves No Diminished ability to concentrate Ves No Diminished ability to concentrate Ves No Odd posture Ves No Odd posture Ves No Compulsive rituals Ves No Motor tics Ves No Odo Compulsive rituals Ves No Motor tics Ves No Motor tics	figures		
separate attachment figure and child  Persistent to sleep alone  Persistent avoidance of being alone  Repeated nightmares regarding separation  Somatic complaints  Excessive distress in anticipation of separation from attachment figure  Excessive distress when separated from home or attachment figure  Yes  No  When did the above problems begin? (Specify age)  Unrealistic worry about the future events  Unrealistic concern of appropriateness of past behavior  Somatic complaints  Wes  No  Marked self-consciousness  Yes  No  Excessive need for reassurance  Yes  No  Marked inability to relax  When did the above problems begin? (Specify age)  Depressed or irritable mood most of the day nearly everyday  Persident or increased in appetite  Failure to gain weight  Yes  No  Insomnia or hypersomnia nearly everyday  Yes  No  Fatigue or loss of energy  Feelings of worthlessness or excessive inappropriate guilt  Yes  No  Diminished ability to concentrate  Yes  No  Diminished ability to concentrate  Yes  No  When did the above problems begin? (Specify age)  Stereotyped mannerisms  Yes  No  Odd posture  Yes  No  Compulsive rituals  Yes  No  Motor tics  Yes  No  Compulsive rituals  Yes  No  Odorocatics  Yes  No  Motor tics  Yes  No  Odorocatics  Yes  No  Motor tics  Yes  No  Odorocatics  Yes  No  Odorocatics  Yes  No  Odorocatics  Yes  No  Motor tics  Yes  No  Motor tics	Persistent school refusal	Yes	No
Persistent to sleep alone Persistent avoidance of being alone Persistent avoidance of being alone Repeated nightmares regarding separation Yes No Somatic complaints Yes No Somatic complaints Yes No Excessive distress in anticipation of separation from attachment figure Excessive distress when separated from home or attachment figure Yes No Excessive distress when separated from home or attachment figure When did the above problems begin? (Specify age) Unrealistic worry about the future events Ves No Unrealistic concern of appropriateness of past behavior Yes No Marked self-consciousness Yes No Excessive need for reassurance Yes No Marked inability to relax Yes No Marked inability to relax When did the above problems begin? (Specify age) Depressed or irritable mood most of the day nearly everyday Yes No Diminished pleasure in activities Yes No Failure to gain weight Yes No Insomnia or hypersomnia nearly everyday Yes No Psychomotor agitation or retardation Yes No Fatigue or loss of energy Feelings of worthlessness or excessive inappropriate guilt Yes No Diminished ability to concentrate Yes No Suicidal ideation or attempt Yes No When did the above problems begin? (Specify age) Stereotyped mannerisms Yes No Odd posture Yes No Compulsive rituals Yes No Motor tics Yes No Compulsive rituals Yes No Motor tics	Unrealistic and persistent worry about calamitous event that will	Yes	No
Persistent avoidance of being alone Repeated nightmares regarding separation Yes No Somatic complaints Yes No Excessive distress in anticipation of separation from attachment figure Excessive distress when separated from home or attachment figure When did the above problems begin? (Specify age) Unrealistic worry about the future events Ves No Unrealistic concern of appropriateness of past behavior Ves No Somatic complaints Yes No Marked self-consciousness Yes No Excessive need for reassurance Yes No Marked inability to relax When did the above problems begin? (Specify age)  Depressed or irritable mood most of the day nearly everyday Pes No Diminished pleasure in activities Yes No Decreased or increased in appetite Yes No Insomnia or hypersomnia nearly everyday Psychomotor agitation or retardation Yes No Fellings of worthlessness or excessive inappropriate guilt Yes No Diminished ability to concentrate Yes No Diminished ability to concentrate Yes No Diminished ability to concentrate Yes No Sucidal ideation or attempt Yes No Diminished ability to concentrate Yes No Sucidal ideation or attempt Yes No Odd posture Yes No Odd posture Yes No Overreacts to touch Yes No Compulsive rituals Yes No Compulsive rituals Yes No	separate attachment figure and child		
Repeated nightmares regarding separation  Somatic complaints  Xes No  Excessive distress in anticipation of separation from attachment figure  Excessive distress when separated from home or attachment figure  When did the above problems begin? (Specify age)  Unrealistic worry about the future events  Unrealistic concern of appropriateness of past behavior  Yes No  Somatic complaints  Yes No  Marked self-consciousness  Yes No  Marked self-consciousness  Yes No  Marked inability to relax  When did the above problems begin? (Specify age)  Uperessed or irritable mood most of the day nearly everyday  Peressed or increased in appetite  Yes No  Decreased or increased in appetite  Yes No  Insomnia or hypersomnia nearly everyday  Psychomotor agitation or retardation  Psychomotor agitation or retardation  Psychomotor agitation or retardation  Peelings of worthlessness or excessive inappropriate guilt  Yes No  Diminished ability to concentrate  Yes No  Diminished ability to concentrate  Yes No  Suicidal ideation or attempt  Yes No  Odd posture  Yes No  Odd posture  Yes No  Compulsive rituals  Yes No  Motor tics  No  Motor tics	Persistent to sleep alone	Yes	No
Somatic complaints  Yes No Excessive distress in anticipation of separation from attachment figure Excessive distress when separated from home or attachment figure When did the above problems begin? (Specify age) Unrealistic worry about the future events Ves No Unrealistic concern of appropriateness of past behavior Ves No Somatic complaints Ves No Marked self-consciousness Yes No Excessive need for reassurance Yes No Marked inability to relax Ves No When did the above problems begin? (Specify age)  Depressed or irritable mood most of the day nearly everyday Pes No Decreased or increased in appetite Yes No Decreased or increased in appetite Yes No Psychomotor agitation or retardation Psychomotor agitation or retardation Fatigue or loss of energy Yes No Diminished ability to concentrate Yes No Diminished ability to concentrate Yes No Suicidal ideation or attempt Yes No When did the above problems begin? (Specify age)  Stereotyped mannerisms Yes No Odd posture Yes No Overreacts to touch Yes No Compulsive rituals Yes No Compulsive rituals Yes No Odd Post reaction to noise or fails to react to loud noises Yes No Compulsive rituals Yes No Compulsive rituals Yes No	Persistent avoidance of being alone	Yes	No
Excessive distress in anticipation of separation from attachment figure  Excessive distress when separated from home or attachment figure  Wes  No  When did the above problems begin? (Specify age)  Unrealistic worry about the future events  Ves  No  Unrealistic concern of appropriateness of past behavior  Somatic complaints  Yes  No  Marked self-consciousness  Yes  No  Excessive need for reassurance  Wes  No  Marked inability to relax  When did the above problems begin? (Specify age)  Depressed or irritable mood most of the day nearly everyday  Peressed or increased in appetite  Yes  No  Diminished pleasure in activities  Pes  No  Insomnia or hypersomnia nearly everyday  Pes  No  Fatigue or loss of energy  Feelings of worthlessness or excessive inappropriate guilt  Yes  No  Diminished ability to concentrate  Yes  No  When did the above problems begin? (Specify age)  Excessive nead for reassurance  Yes  No  Suicidal ideation or attempt  Yes  No  Odd posture  Yes  No  Overreacts to touch  Yes  No  Overreacts to touch  Yes  No  Compulsive rituals  Yes  No  Oversel No  Overreacts or touch  Yes  No  Oversel No	Repeated nightmares regarding separation	Yes	No
Excessive distress when separated from home or attachment figure  When did the above problems begin? (Specify age)  Unrealistic worry about the future events  Ves No Unrealistic concern of appropriateness of past behavior  Somatic complaints  Yes No Marked self-consciousness  Yes No Excessive need for reassurance Yes No Marked inability to relax  When did the above problems begin? (Specify age)  Depressed or irritable mood most of the day nearly everyday  Pes No Diminished pleasure in activities Pes No Failure to gain weight Yes No Insomnia or hypersomnia nearly everyday Yes No Fatigue or loss of energy Feelings of worthlessness or excessive inappropriate guilt Yes No Diminished ability to concentrate Yes No Suicidal ideation or attempt Yes No Codd posture Yes No Odd posture Yes No Overreacts to touch Yes No Compulsive rituals Yes No Odd Overreacts to touch Yes No Odd Overreacts Yes No Odd Overreacts Yes No Odd Overreacts	Somatic complaints	Yes	No
When did the above problems begin? (Specify age)  Unrealistic worry about the future events Yes No Unrealistic concern of appropriateness of past behavior Yes No Somatic complaints Yes No Marked self-consciousness Yes No Excessive need for reassurance Yes No Marked inability to relax Yes No  Depressed or irritable mood most of the day nearly everyday Yes No Diminished pleasure in activities Yes No Decreased or increased in appetite Yes No Failure to gain weight Yes No Insomnia or hypersomnia nearly everyday Yes No Psychomotor agitation or retardation Yes No Fatigue or loss of energy Yes No Feelings of worthlessness or excessive inappropriate guilt Yes No Diminished ability to concentrate Yes No Suicidal ideation or attempt Yes No When did the above problems begin? (Specify age)  Stereotyped mannerisms Yes No Odd posture Yes No Excessive reaction to noise or fails to react to loud noises Yes No Overreacts to touch Yes No Compulsive rituals Yes No Motor tics Yes No	Excessive distress in anticipation of separation from attachment figure	Yes	No
Unrealistic worry about the future events Ves No Unrealistic concern of appropriateness of past behavior Yes No Somatic complaints Yes No Marked self-consciousness Yes No Excessive need for reassurance Yes No Marked inability to relax Yes No Marked inability to relax When did the above problems begin? (Specify age)  Depressed or irritable mood most of the day nearly everyday Yes No Diminished pleasure in activities Yes No Decreased or increased in appetite Yes No Insomnia or hypersomnia nearly everyday Yes No Psychomotor agitation or retardation Yes No Fatigue or loss of energy Feelings of worthlessness or excessive inappropriate guilt Yes No Diminished ability to concentrate Yes No Suicidal ideation or attempt Yes No When did the above problems begin? (Specify age)  Stereotyped mannerisms Yes No Odd posture Yes No Overreacts to touch Yes No Overreacts or touch Yes No	Excessive distress when separated from home or attachment figure	Yes	No
Unrealistic concern of appropriateness of past behavior  Somatic complaints  Yes  No  Marked self-consciousness  Yes  No  Excessive need for reassurance  Yes  No  Marked inability to relax  When did the above problems begin? (Specify age)  Depressed or irritable mood most of the day nearly everyday  Peressed or increased in appetite  Yes  No  Diminished pleasure in activities  Pes  No  Failure to gain weight  Yes  No  Psychomotor agitation or retardation  Psychomotor agitation or retardation  Feelings of worthlessness or excessive inappropriate guilt  Yes  No  Diminished ability to concentrate  Yes  No  When did the above problems begin? (Specify age)  Stereotyped mannerisms  Yes  No  Odd posture  Yes  No  Overreacts to touch  Yes  No  Motor tics  Yes  No  No  Motor tics	When did the above problems begin? (Specify age)		·
Somatic complaints Yes No Marked self-consciousness Yes No Excessive need for reassurance Yes No Marked inability to relax Yes No Mhen did the above problems begin? (Specify age)  Depressed or irritable mood most of the day nearly everyday Yes No Diminished pleasure in activities Yes No Decreased or increased in appetite Yes No Failure to gain weight Yes No Insomnia or hypersomnia nearly everyday Yes No Psychomotor agitation or retardation Yes No Fatigue or loss of energy Yes No Feelings of worthlessness or excessive inappropriate guilt Yes No Diminished ability to concentrate Yes No Suicidal ideation or attempt Yes No When did the above problems begin? (Specify age)  Stereotyped mannerisms Yes No Odd posture Yes No Overreacts to touch Yes No Compulsive rituals Yes No Motor tics Yes No Motor tics	Unrealistic worry about the future events	Yes	No
Marked self-consciousness  Excessive need for reassurance  Yes  No  Marked inability to relax  When did the above problems begin? (Specify age)  Depressed or irritable mood most of the day nearly everyday  Pes  No  Diminished pleasure in activities  Perilure to gain weight  Insomnia or hypersomnia nearly everyday  Pes  No  Psychomotor agitation or retardation  Fatigue or loss of energy  Feelings of worthlessness or excessive inappropriate guilt  Piss  No  Diminished ability to concentrate  Yes  No  When did the above problems begin? (Specify age)  Stereotyped mannerisms  Yes  No  Odd posture  Yes  No  Overreacts to touch  Compulsive rituals  Yes  No  Mo  Motor tics  Yes  No  Mo  Motor tics	Unrealistic concern of appropriateness of past behavior	Yes	No
Excessive need for reassurance  Marked inability to relax  Yes  No  When did the above problems begin? (Specify age)  Depressed or irritable mood most of the day nearly everyday  Pes  No  Diminished pleasure in activities  Pailure to gain weight  Insomnia or hypersomnia nearly everyday  Pes  No  Psychomotor agitation or retardation  Fatigue or loss of energy  Feelings of worthlessness or excessive inappropriate guilt  Pies  No  Diminished ability to concentrate  Yes  No  When did the above problems begin? (Specify age)  Stereotyped mannerisms  Yes  No  Codd posture  Feelings or fails to react to loud noises  Yes  No  Overreacts to touch  Compulsive rituals  Yes  No  Motor tics	Somatic complaints	Yes	No
Marked inability to relax  When did the above problems begin? (Specify age)  Depressed or irritable mood most of the day nearly everyday  Yes  No  Diminished pleasure in activities  Pecreased or increased in appetite  Failure to gain weight  Insomnia or hypersomnia nearly everyday  Psychomotor agitation or retardation  Fatigue or loss of energy  Yes  No  Feelings of worthlessness or excessive inappropriate guilt  Yes  No  Diminished ability to concentrate  Yes  No  When did the above problems begin? (Specify age)  Stereotyped mannerisms  Yes  No  Excessive reaction to noise or fails to react to loud noises  Yes  No  Compulsive rituals  Yes  No  Motor tics	Marked self-consciousness	Yes	No
When did the above problems begin? (Specify age)Depressed or irritable mood most of the day nearly everydayYesNoDiminished pleasure in activitiesYesNoDecreased or increased in appetiteYesNoFailure to gain weightYesNoInsomnia or hypersomnia nearly everydayYesNoPsychomotor agitation or retardationYesNoFatigue or loss of energyYesNoFeelings of worthlessness or excessive inappropriate guiltYesNoDiminished ability to concentrateYesNoSuicidal ideation or attemptYesNoWhen did the above problems begin? (Specify age)Stereotyped mannerismsYesNoOdd postureYesNoExcessive reaction to noise or fails to react to loud noisesYesNoOverreacts to touchYesNoCompulsive ritualsYesNoMotor ticsYesNo	Excessive need for reassurance	Yes	No
Depressed or irritable mood most of the day nearly everyday  Diminished pleasure in activities  Pecreased or increased in appetite  Yes  No  Failure to gain weight  Yes  No  Insomnia or hypersomnia nearly everyday  Psychomotor agitation or retardation  Fatigue or loss of energy  Yes  No  Feelings of worthlessness or excessive inappropriate guilt  Yes  No  Diminished ability to concentrate  Yes  No  Suicidal ideation or attempt  Yes  No  When did the above problems begin? (Specify age)  Stereotyped mannerisms  Yes  No  Odd posture  Yes  No  Excessive reaction to noise or fails to react to loud noises  Yes  No  Compulsive rituals  Yes  No  Motor tics  Yes  No  Yes  No  Motor tics	Marked inability to relax	Yes	No
Diminished pleasure in activities  Decreased or increased in appetite  Failure to gain weight  Insomnia or hypersomnia nearly everyday  Psychomotor agitation or retardation  Fatigue or loss of energy  Feelings of worthlessness or excessive inappropriate guilt  Diminished ability to concentrate  Yes  No  When did the above problems begin? (Specify age)  Stereotyped mannerisms  Yes  No  Odd posture  Yes  No  Excessive reaction to noise or fails to react to loud noises  Yes  No  Motor tics  Yes  No  Motor tics	When did the above problems begin? (Specify age)		
Decreased or increased in appetite Failure to gain weight Yes No Insomnia or hypersomnia nearly everyday Yes No Psychomotor agitation or retardation Yes No Fatigue or loss of energy Yes No Feelings of worthlessness or excessive inappropriate guilt Yes No Diminished ability to concentrate Yes No Suicidal ideation or attempt Yes No When did the above problems begin? (Specify age) Stereotyped mannerisms Yes No Odd posture Yes No Overreacts to touch Yes No Overreacts to touch Yes No Motor tics Yes No Motor tics Yes No	Depressed or irritable mood most of the day nearly everyday	Yes	No
Failure to gain weight  Insomnia or hypersomnia nearly everyday  Psychomotor agitation or retardation  Fatigue or loss of energy  Feelings of worthlessness or excessive inappropriate guilt  Diminished ability to concentrate  Yes  No  Suicidal ideation or attempt  When did the above problems begin? (Specify age)  Stereotyped mannerisms  Yes  No  Odd posture  Yes  No  Excessive reaction to noise or fails to react to loud noises  Overreacts to touch  Yes  No  Motor tics  Yes  No  No  No  No  No  No  No  No  No  N	Diminished pleasure in activities	Yes	No
Insomnia or hypersomnia nearly everyday Psychomotor agitation or retardation Yes No Fatigue or loss of energy Yes No Feelings of worthlessness or excessive inappropriate guilt Yes No Diminished ability to concentrate Yes No Suicidal ideation or attempt Yes No When did the above problems begin? (Specify age) Stereotyped mannerisms Yes No Odd posture Yes No Excessive reaction to noise or fails to react to loud noises Overreacts to touch Yes No Compulsive rituals Yes No Motor tics Yes No	Decreased or increased in appetite	Yes	No
Psychomotor agitation or retardation  Fatigue or loss of energy  Feelings of worthlessness or excessive inappropriate guilt  Diminished ability to concentrate  Ves  No  Suicidal ideation or attempt  When did the above problems begin? (Specify age)  Stereotyped mannerisms  Yes  No  Odd posture  Excessive reaction to noise or fails to react to loud noises  Overreacts to touch  Compulsive rituals  Motor tics  No	Failure to gain weight	Yes	No
Fatigue or loss of energy Feelings of worthlessness or excessive inappropriate guilt Ves No Diminished ability to concentrate Ves No Suicidal ideation or attempt Ves No When did the above problems begin? (Specify age) Stereotyped mannerisms Ves No Odd posture Ves No Excessive reaction to noise or fails to react to loud noises Overreacts to touch Ves No Compulsive rituals Motor tics Ves No	Insomnia or hypersomnia nearly everyday	Yes	No
Feelings of worthlessness or excessive inappropriate guilt  Diminished ability to concentrate  Suicidal ideation or attempt  When did the above problems begin? (Specify age)  Stereotyped mannerisms  Yes  No  Odd posture  Excessive reaction to noise or fails to react to loud noises  Overreacts to touch  Compulsive rituals  Motor tics  No	Psychomotor agitation or retardation	Yes	No
Diminished ability to concentrate  Suicidal ideation or attempt  When did the above problems begin? (Specify age)  Stereotyped mannerisms  Yes  No  Odd posture  Yes  No  Excessive reaction to noise or fails to react to loud noises  Overreacts to touch  Compulsive rituals  Motor tics  Yes  No  No  Yes  No  No  No  No  No  No  No  No  No  N	Fatigue or loss of energy	Yes	No
Suicidal ideation or attempt  When did the above problems begin? (Specify age)  Stereotyped mannerisms  Yes  No  Odd posture  Excessive reaction to noise or fails to react to loud noises  Overreacts to touch  Compulsive rituals  Motor tics  Yes  No  Yes  No  No  Yes  No	Feelings of worthlessness or excessive inappropriate guilt	Yes	No
When did the above problems begin? (Specify age)Stereotyped mannerismsYesNoOdd postureYesNoExcessive reaction to noise or fails to react to loud noisesYesNoOverreacts to touchYesNoCompulsive ritualsYesNoMotor ticsYesNo	Diminished ability to concentrate	Yes	No
Stereotyped mannerismsYesNoOdd postureYesNoExcessive reaction to noise or fails to react to loud noisesYesNoOverreacts to touchYesNoCompulsive ritualsYesNoMotor ticsYesNo	Suicidal ideation or attempt	Yes	No
Odd postureYesNoExcessive reaction to noise or fails to react to loud noisesYesNoOverreacts to touchYesNoCompulsive ritualsYesNoMotor ticsYesNo	When did the above problems begin? (Specify age)		
Excessive reaction to noise or fails to react to loud noises  Overreacts to touch  Compulsive rituals  Motor tics  Yes  No  Yes  No	Stereotyped mannerisms	Yes	No
Overreacts to touchYesNoCompulsive ritualsYesNoMotor ticsYesNo	Odd posture	Yes	No
Compulsive ritualsYesNoMotor ticsYesNo	Excessive reaction to noise or fails to react to loud noises	Yes	No
Motor tics Yes No	Overreacts to touch	Yes	No
	Compulsive rituals	Yes	No
Vocal tics Yes No	Motor tics	Yes	No
	Vocal tics	Yes	No

# **H.** Family History

Is there any....?

is there uny
Family history of ADHD? Who?
History of depression

Family history of suicide?
Family history of a learning disability?
Family history of any mental problems?
What is the family situation?
Who has custody of the child?
Does the child have siblings?