

PSYCHOSOCIAL/BEHAVIORAL ASSESSMENT QUESTIONNAIRE FOR AGE
7-10

NAME: _____ AGE: _____ DATE: _____

ADDRESS/PHONE # (Obtain from child to determine child's knowledge without help-parent can write)

E. What grade are you in? ___ Do you like school? Yes ___ No ___

If no, why not? _____

How are your grades? Good ___ Fair ___ Poor ___

Have you repeated a grade? Yes ___ No ___

E. What do you like to eat? _____

E. What snacks can you fix by yourself? _____

H. What do you like to do with your family? _____

H. What chores do you do at home? _____

H. Is it easy for you to go to sleep? _____ Do you sleep all night? _____

A. What do you like to do best? _____

S. What are you really good at? _____

S. What makes you happy? _____

S. What do you do when you are angry or mad? _____

S. Are you mad, angry, or upset a lot? _____

S. What do you do when you are sad? _____

S. What do you do to be safe? _____

NEXT PAGE

S. Has someone ever touched your body in a way that made you feel bad or uncomfortable? _____ Did you talk to an adult? _____

D. What do you think about:

	Bad for Everybody	OK for Grown-ups	OK for Everybody
Alcohol			
Drugs			
Tobacco (Smoking)			

D. Have you ever tried Alcohol? Yes ___ No ___ What kind _____

Have you ever tried Drugs? Yes ___ No ___ What kind _____

Have you ever tried Tobacco? Yes ___ No ___ What kind _____

Is there anything you want to talk to the doctor about? Or do you have any questions for the doctor?

NEXT PAGE

PEDIATRIC SYMPTOM CHECKLIST

	Do you or does your child :	N E V E R 0	S O M E 1	O F T E N 2			N E V E R 0	S O M E 1	O F T E N 2
1	complain of aches / pains				19	down on yourself			
2	spend more time alone				20	visit doctor with doctor finding nothing wrong			
3	tire easily or have little energy				21	have trouble sleeping			
4	get fidgety or have trouble sitting still				22	worry a lot			
5	have trouble with a teacher				23	want to be with "parent" more			
6	seem less interested in school				24	feel like you are bad			
7	act as if driven by a motor				25	take unnecessary risks			
8	daydream too much				26	get hurt frequently			
9	get distracted easily				27	seem to be having less fun			
10	seem afraid of new situations				28	act younger than you are			
11	feel sad or unhappy				29	not listen to rules			
12	seem irritable, angry				30	do not show feelings			
13	feel hopeless				31	not understand other peoples feelings			
14	have trouble concentrating				32	tease others			
15	seem less interested in friends				33	blame others for your troubles			
16	fight with others				34	take things that do not belong to you			
17	have absences from school				35	refuse to share			
18	have school grades dropping								
	XXXXXXXXXXXXXXXXXX	X	X	X	X	XXXXXXXXXXXXXXXXXX	X	X	X
	SUM					TOTAL			

Name: _____

DOB: _____