

PSYCHOSOCIAL/BEHAVIORAL ASSESSMENT QUESTIONNAIRE FOR AGE

6

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
ADDRESS (Obtain from child to determine child's knowledge without help-parent can write)

- E. What grade are you in? \_\_\_\_\_
- E. How do you feel about school? \_\_\_\_\_
- E. What do you like to eat? \_\_\_\_\_
- E. What snacks can you fix by yourself? \_\_\_\_\_
- 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 makes you happy? \_\_\_\_\_
- S. Are you mad, angry, or upset a lot? \_\_\_\_\_
- S. What do you do to be safe? \_\_\_\_\_
- S. Has someone ever touched your body in a way that made you feel bad or uncomfortable? \_\_\_\_\_ Did you talk to an adult? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_