

Child's Name: _____

Date _____

Date of Birth: _____

Ages 3 – 5 years

Does your child often wet or soil his pants?..... Yes No

Does your child have problems at day care or school? Yes No

Do you have any concerns about your child:

Daydreaming?..... Yes No

Paying attention?..... Yes No

Sitting still?..... Yes No

Does your child:

Refuse to obey? Yes No

Refuse to play with others?..... Yes No

Does your child get tired easily? Yes No

Does your child often seem:

Sad?..... Yes No

Angry?..... Yes No

Nervous or afraid?..... Yes No

Cranky?..... Yes No

Not interested?..... Yes No

Does your child have trouble sleeping? Yes No

Does your child have problems with eating? Yes No

Is your child often mean to animals or smaller children? Yes No

Is there a history of injuries, accidents? Yes No

If yes, please specify: _____

Is there any history of maltreatment or abuse? Yes No

If yes, please specify: _____

Is there a recent stress on the family or child such as:

Birth of a child? Yes No

Moving? Yes No

Divorce or separation? Yes No

Death of a close relative? Yes No

Fired or laid off? Yes No

Legal problems? Yes No

Others (Please specify): _____

Do you have other parenting concerns? Yes No

Please specify: _____

Over the last 12 months, have you run out of food before you had money to buy more, or worried that you would?..... Yes No