YOUR CHILD'S PHYSICAL HEALTH

For each question, please place a check (√) next to your answer or write your answer in the space provided.

Global Physical Health

1. In general, would you say your child's physical health is excellent, good, fair, or poor?
   0 ____ Excellent
   1 ____ Good
   2 ____ Fair
   3 ____ Poor

2. In general, how much do you worry about your child's health?
   0 ____ None at all
   1 ____ A little
   2 ____ Somewhat
   3 ____ A great deal

3. In general, how much difficulty, pain or distress does your child's health cause him or her?
   0 ____ None at all
   1 ____ A little
   2 ____ Some
   3 ____ A great deal

4. To what extent does health limit your child in any way, keeping him or her from activities he or she wants to do?
   0 ____ None at all
   1 ____ A little
   2 ____ Some
   3 ____ A great deal

5. How often in an average month does your child stay home or come home from school or childcare because of illness?
   0 ____ Rarely or never (less than 1 day/month)
   1 ____ A little of the time (1-2 days/month)
   2 ____ Sometimes (3-5 days/month)
   3 ____ Often (6 or more days/month)

Injuries and Accidents

6. Has your child ever had an injury or accident requiring medical attention?
   0 ____ No  (If No, please go to Question 7, Next Page)
   1 ____ Yes

6a. How many times has he or she ever had an injury or accident requiring medical attention? ........ #: ___

6b. How many times did serious injury ever keep your child from participating in normal daily activities, either at home, at childcare, or at school? ........................................................... #: ___

6c. How many times has he or she had an injury or accident requiring medical attention within the past year? ........................................................... #: ___
**Neurological Risk**

7. At the time of your child’s birth, did he or she have any health problems that were serious enough that he or she was in the neonatal intensive care unit (ICU) for at least 24 hours?
   
   0 ____ No  (If No, please go to Question 8 below)
   
   1 ____ Yes

7a. How many days was he or she in the intensive care unit? ............................ #: ____

8. Has your child ever been unconscious due to any injury or illness?
   
   0 ____ No
   
   1 ____ Yes

9. Has your child ever had a serious head injury (whether unconscious or not)?
   
   0 ____ No
   
   1 ____ Yes

10. Has your child ever had a seizure or fit?

    0 ____ No  (If No, please go to Question 11 below)

    1 ____ Yes

10a. How many seizures or fits has your child ever had? ........................................ #: ____

10b. How many of these occurred before 5 years of age and during an illness with fever? ............ #: ____

10c. Has your doctor ever said your child has epilepsy or a seizure disorder?

    0 ____ No

    1 ____ Yes

11. **Other than seizures**, has your child ever had a neurological (brain) condition?

    0 ____ No  (If No, please go to Question 12, Next Page)

    1 ____ Yes

11a. Please describe:

    ____________________________________________________________________________

    ____________________________________________________________________________
### Chronic Medical Conditions

12. Below is a list of chronic medical conditions. For each one, please make a check (✓) to mark whether or not your child has **ever** had the condition. Please mark an answer for each item even if your child has never had the condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Arthritis</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>b. Asthma</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>c. Other chronic or recurrent lung disease</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>d. Birth defects, such as spina bifida or cleft lip</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>e. Blood diseases, such as sickle cell anemia or hemophilia</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>f. Bowel diseases, such as inflammatory bowel disease or chronic constipation</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>g. Congenital heart disease</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>h. Cystic fibrosis</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>i. Diabetes</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>j. HIV infection or AIDS</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>k. Kidney disease</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>l. Leukemia or cancer</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

13. Has your child **ever** had any other chronic health problems than those listed above?

0   ____ No *(If No, please go to Question 14, Next Page)*

1   ____ Yes

13a. Please describe the other chronic health problem(s):

1st problem: ____________________________

2nd problem: ____________________________

Additional problems: ____________________________
YOUR CHILD'S
RECREATIONAL ACTIVITIES

For each question, please place a check (✓) next to the
statement that best describes your child's recreational
activities during the past year.

14. Outside of physical education classes in school, did your child
take part in any regular sport activity during the past year
that involved adult coaching or instruction?

0  ____ No  (If No, please go to Question 15)
1  ____ Yes

14a. How many sports did he or she take part in?...... #: _____

14b. During the past year, how many times a week
did he or she participate in any of these sports?

0  ____ Less than once a week
1  ____ 1-3 times a week
2  ____ 4 or more times a week

15. Outside of regular classes in school, did your child take any
lessons or instruction during the past year in music, dance,
art, or other non-sport activities?

0  ____ No  (If No, please go to Question 16)
1  ____ Yes

15a. In how many such activities did he or she
take lessons or instructions? ...................... #: _____

15b. During the past year, how many times a week
did your child participate in any of these music, dance,
art, or other non-sport activities?

0  ____ Less than once a week
1  ____ 1-3 times a week
2  ____ 4 or more times a week

16. During the past year, did your child belong to any clubs or
groups with adult leadership, such as Scouts, Brownies, or any
religious or community programs? Please do not include any
groups or activities already answered in Questions 14 and 15.

0  ____ No  (If No, please go to Question 17,
Next Page)
1  ____ Yes

16a. To how many such clubs or groups did
he or she belong?................................. #: _____

16b. During the past year, how many times a week
did your child attend meetings of these clubs or groups?

0  ____ Less than once a week
1  ____ 1-3 times a week
2  ____ 4 or more times a week
## YOUR CHILD'S EXPERIENCES WITH PEERS

The following questions ask about your child’s experiences with peers. For each question, think about how much it is like your child. Please place a check (√) next to your answer.

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Has lots of friends at school</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Is often left out by other children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Other children refuse to let him/her play with them</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Gets along well with peers of the same sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Is not chosen as a playmate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Is picked on by other children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Actively disliked by other children, who reject him/her from their play</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
24. Is liked by other children who seek him/her out for play
   1 ____ Not at all like
   2 ____ Very little like
   3 ____ Somewhat like
   4 ____ Very much like

25. Is avoided by other children
   1 ____ Not at all like
   2 ____ Very little like
   3 ____ Somewhat like
   4 ____ Very much like

26. Is teased and ridiculed by other children
   1 ____ Not at all like
   2 ____ Very little like
   3 ____ Somewhat like
   4 ____ Very much like

27. Gets along well with peers of the opposite sex
   1 ____ Not at all like
   2 ____ Very little like
   3 ____ Somewhat like
   4 ____ Very much like

28. Is not much liked by other children
   1 ____ Not at all like
   2 ____ Very little like
   3 ____ Somewhat like
   4 ____ Very much like

29. Is pushed or shoved around by other children
   1 ____ Not at all like
   2 ____ Very little like
   3 ____ Somewhat like
   4 ____ Very much like
YOUR CHILD'S SCHOOL EXPERIENCES

30. What is your child’s current grade in school (or if you are answering during the summer, what grade in school did your child most recently complete)? By school, we mean kindergarten or higher grades.

9 ____ My child is still a preschooler and has not yet started kindergarten (Skip to Question 47, Page 10)
0 ____ Kindergarten (Please continue below)
1 ____ 1st grade (Please continue below)
2 ____ 2nd grade (Please continue below)
3 ____ 3rd grade (Please continue below)
8 ____ Other, specify: ____________________ (Please continue below)

For each question below, please place a check (✓) next to the answer that best describes your child’s current feelings about school. (If you are answering during the summer, please answer about your child’s feelings this past spring.)

31. Excited about school?
   1 ____ Not at all
   2 ____ A little
   3 ____ Somewhat
   4 ____ Quite a bit

32. Upset about school?
   1 ____ Not at all
   2 ____ A little
   3 ____ Somewhat
   4 ____ Quite a bit

33. Distressed about school?
   1 ____ Not at all
   2 ____ A little
   3 ____ Somewhat
   4 ____ Quite a bit

34. Eager about school?
   1 ____ Not at all
   2 ____ A little
   3 ____ Somewhat
   4 ____ Quite a bit

35. Frustrated about school?
   1 ____ Not at all
   2 ____ A little
   3 ____ Somewhat
   4 ____ Quite a bit

36. Happy about school?
   1 ____ Not at all
   2 ____ A little
   3 ____ Somewhat
   4 ____ Quite a bit

37. Irritable about school?
   1 ____ Not at all
   2 ____ A little
   3 ____ Somewhat
   4 ____ Quite a bit

38. Interested in school?
   1 ____ Not at all
   2 ____ A little
   3 ____ Somewhat
   4 ____ Quite a bit
For each question below, please circle a number between 1 and 7 that best describes your child's skills in math and reading. (For younger children, please answer about math-related and reading-related activities.)

39. How good is your child in math?

1 2 3 4 5 6 7
Not good
At all
Very
Good

40. How good is your child in reading?

1 2 3 4 5 6 7
Not good
At all
Very
Good

41. In comparison to other children, how difficult is it for your child to do math?

1 2 3 4 5 6 7
Not at all
Difficult
Very
Difficult

42. In comparison to other children, how difficult is it for your child to read?

1 2 3 4 5 6 7
Not at all
Difficult
Very
Difficult

43. Compared to other children, how much innate ability or talent does your child have in math?

1 2 3 4 5 6 7
Much Less
Than Other
Children
Much More
Than Other
Children

44. Compared to other children, how much innate ability or talent does your child have in reading?

1 2 3 4 5 6 7
Much Less
Than Other
Children
Much More
Than Other
Children

45. In comparison to other children, how would you evaluate your child's performance in math?

1 2 3 4 5 6 7
Much Worse
Than Other
Children
Much Better
Than Other
Children

46. In comparison to other children, how would you evaluate your child's performance in reading?

1 2 3 4 5 6 7
Much Worse
Than Other
Children
Much Better
Than Other
Children
YOUR CHILD'S BEHAVIOR

Below is a list of behaviors that some children exhibit during middle childhood. For each behavior, please place a check (✓) next to the statement that best describes how much the behavior applies to your child within the past six months.

47. If there is a quarrel or dispute, s/he will try to stop it.
   0  ___  Rarely applies
   1  ___  Applies somewhat
   2  ___  Certainly applies

48. Offers to share materials or tools being used in a task.
   0  ___  Rarely applies
   1  ___  Applies somewhat
   2  ___  Certainly applies

49. Will invite bystanders to join in a game.
   0  ___  Rarely applies
   1  ___  Applies somewhat
   2  ___  Certainly applies

50. Will try to help someone who has been hurt.
   0  ___  Rarely applies
   1  ___  Applies somewhat
   2  ___  Certainly applies

51. Apologizes spontaneously after a misdemeanor.
   0  ___  Rarely applies
   1  ___  Applies somewhat
   2  ___  Certainly applies

52. Shares candies and extra food.
   0  ___  Rarely applies
   1  ___  Applies somewhat
   2  ___  Certainly applies

53. Is considerate of others' feelings.
   0  ___  Rarely applies
   1  ___  Applies somewhat
   2  ___  Certainly applies

54. Stops talking quickly when asked to.
   0  ___  Rarely applies
   1  ___  Applies somewhat
   2  ___  Certainly applies

55. Spontaneously helps to pick up objects someone has dropped.
   0  ___  Rarely applies
   1  ___  Applies somewhat
   2  ___  Certainly applies

56. Takes the opportunity to praise the work of less able children.
   0  ___  Rarely applies
   1  ___  Applies somewhat
   2  ___  Certainly applies
57. Shows sympathy to someone who has made a mistake.
   0   ___  Rarely applies
       1   ___  Applies somewhat
       2   ___  Certainly applies

58. Offers to help other children who are having difficulty with a task.
   0   ___  Rarely applies
       1   ___  Applies somewhat
       2   ___  Certainly applies

59. Helps other children who are feeling sick.
   0   ___  Rarely applies
       1   ___  Applies somewhat
       2   ___  Certainly applies

60. Can work easily in a small peer group.
   0   ___  Rarely applies
       1   ___  Applies somewhat
       2   ___  Certainly applies

61. Comforts a child who is crying or upset.
   0   ___  Rarely applies
       1   ___  Applies somewhat
       2   ___  Certainly applies

62. Is efficient in carrying out regular tasks, such as helping with household chores.
   0   ___  Rarely applies
       1   ___  Applies somewhat
       2   ___  Certainly applies

63. Settles down to work quickly.
   0   ___  Rarely applies
       1   ___  Applies somewhat
       2   ___  Certainly applies

64. Will clap or smile if someone else does something well.
   0   ___  Rarely applies
       1   ___  Applies somewhat
       2   ___  Certainly applies

65. Volunteers to help clean up a mess someone else has made.
   0   ___  Rarely applies
       1   ___  Applies somewhat
       2   ___  Certainly applies

66. Tries to be fair in games.
   0   ___  Rarely applies
       1   ___  Applies somewhat
       2   ___  Certainly applies
Below is a list of more behaviors that some children exhibit during middle childhood. Please keep in mind that this questionnaire is intended to cover a wide range of behaviors and behavior problems that may occur during this period of development, and that, therefore, you may or may not find many items applicable to your child. For each of the following behaviors, please place a check (✓) next to the statement that best describes how often or true the behavior is of your child within the past six months.

67. Fidgets.
   0 ___ Never or not true
   1 ___ Sometimes or somewhat true
   2 ___ Often or very true

68. Worries about things in the future.
   0 ___ Never or not true
   1 ___ Sometimes or somewhat true
   2 ___ Often or very true

69. Has temper tantrums or hot temper.
   0 ___ Never or not true
   1 ___ Sometimes or somewhat true
   2 ___ Often or very true

70. When mad at a peer, keeps that peer from being in the play group.
   0 ___ Never or not true
   1 ___ Sometimes or somewhat true
   2 ___ Often or very true

71. Worries that something bad will happen to people s/he is close to.
   0 ___ Never or not true
   1 ___ Sometimes or somewhat true
   2 ___ Often or very true

72. Steals; takes things that don't belong to him/her.
   0 ___ Never or not true
   1 ___ Sometimes or somewhat true
   2 ___ Often or very true

73. Has trouble sleeping.
   0 ___ Never or not true
   1 ___ Sometimes or somewhat true
   2 ___ Often or very true

74. Can't stay seated when required to do so.
   0 ___ Never or not true
   1 ___ Sometimes or somewhat true
   2 ___ Often or very true

75. Worries about past behavior.
   0 ___ Never or not true
   1 ___ Sometimes or somewhat true
   2 ___ Often or very true
<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>76.</td>
<td>Is a solitary child.</td>
<td>0 _____ Never or not true 1 _____ Sometimes or somewhat true 2 _____ Often or very true</td>
</tr>
<tr>
<td>77.</td>
<td>Argues a lot with adults.</td>
<td>0 _____ Never or not true 1 _____ Sometimes or somewhat true 2 _____ Often or very true</td>
</tr>
<tr>
<td>78.</td>
<td>Argues a lot with peers.</td>
<td>0 _____ Never or not true 1 _____ Sometimes or somewhat true 2 _____ Often or very true</td>
</tr>
<tr>
<td>79.</td>
<td>Worries about being separated from loved ones.</td>
<td>0 _____ Never or not true 1 _____ Sometimes or somewhat true 2 _____ Often or very true</td>
</tr>
<tr>
<td>80.</td>
<td>Lies or cheats.</td>
<td>0 _____ Never or not true 1 _____ Sometimes or somewhat true 2 _____ Often or very true</td>
</tr>
<tr>
<td>81.</td>
<td>Sleeps more than most children during the day and/or night.</td>
<td>0 _____ Never or not true 1 _____ Sometimes or somewhat true 2 _____ Often or very true</td>
</tr>
<tr>
<td>82.</td>
<td>Impulsive or acts without thinking.</td>
<td>0 _____ Never or not true 1 _____ Sometimes or somewhat true 2 _____ Often or very true</td>
</tr>
<tr>
<td>83.</td>
<td>Tries to get others to dislike a peer.</td>
<td>0 _____ Never or not true 1 _____ Sometimes or somewhat true 2 _____ Often or very true</td>
</tr>
<tr>
<td>84.</td>
<td>Distractible, has trouble sticking to any activity.</td>
<td>0 _____ Never or not true 1 _____ Sometimes or somewhat true 2 _____ Often or very true</td>
</tr>
<tr>
<td>85.</td>
<td>Taunts and teases other children.</td>
<td>0 _____ Never or not true 1 _____ Sometimes or somewhat true 2 _____ Often or very true</td>
</tr>
</tbody>
</table>
86. Worries about doing better at things.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

87. Defiant, talks back to adults.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

88. Avoids school to stay home.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

89. Vandalizes.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

90. Wets the bed.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

91. Poor appetite, not hungry.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

92. Prefers to play alone.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

93. Has difficulty awaiting turn in games or groups.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

94. Sets fires.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true
95. Physical problems \textit{without} known medical cause:

95a. Aches and pains
   
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

95b. Headaches
   
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

95c. Nausea, feels sick
   
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

95d. Stomach aches or cramps
   
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

96. Tells others not to play with or be a peer’s friend.

   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

97. Does things that annoy others.

   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

98. Scared to go to sleep without parents being near.

   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

99. Cruel to animals.

   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

100. Likes to be alone.

    0 ____ Never or not true
    1 ____ Sometimes or somewhat true
    2 ____ Often or very true
<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>101</td>
<td>Interrupts, blurs out answers to questions too soon.</td>
<td>0 Never or not true, 1 Sometimes or somewhat true, 2 Often or very true</td>
</tr>
<tr>
<td>102</td>
<td>Self-conscious or easily embarrassed.</td>
<td>0 Never or not true, 1 Sometimes or somewhat true, 2 Often or very true</td>
</tr>
<tr>
<td>103</td>
<td>Blames others for his/her own mistakes.</td>
<td>0 Never or not true, 1 Sometimes or somewhat true, 2 Often or very true</td>
</tr>
<tr>
<td>104</td>
<td>Avoids being alone.</td>
<td>0 Never or not true, 1 Sometimes or somewhat true, 2 Often or very true</td>
</tr>
<tr>
<td>105</td>
<td>Physically attacks people.</td>
<td>0 Never or not true, 1 Sometimes or somewhat true, 2 Often or very true</td>
</tr>
<tr>
<td>106</td>
<td>Shy with other children.</td>
<td>0 Never or not true, 1 Sometimes or somewhat true, 2 Often or very true</td>
</tr>
<tr>
<td>107</td>
<td>Has difficulty following directions or instructions.</td>
<td>0 Never or not true, 1 Sometimes or somewhat true, 2 Often or very true</td>
</tr>
<tr>
<td>108</td>
<td>Tells a peer that s/he won’t play with that peer or be that peer’s friend unless that peer does what s/he asks.</td>
<td>0 Never or not true, 1 Sometimes or somewhat true, 2 Often or very true</td>
</tr>
<tr>
<td>109</td>
<td>Needs to be told over and over that things are OK.</td>
<td>0 Never or not true, 1 Sometimes or somewhat true, 2 Often or very true</td>
</tr>
<tr>
<td>110</td>
<td>Is easily annoyed by others.</td>
<td>0 Never or not true, 1 Sometimes or somewhat true, 2 Often or very true</td>
</tr>
</tbody>
</table>
111. Has nightmares about being abandoned.
   0  ____  Never or not true
   1  ____  Sometimes or somewhat true
   2  ____  Often or very true

112. Threatens people.
   0  ____  Never or not true
   1  ____  Sometimes or somewhat true
   2  ____  Often or very true

113. Shy with unfamiliar adults.
   0  ____  Never or not true
   1  ____  Sometimes or somewhat true
   2  ____  Often or very true

114. Can't concentrate, can't pay attention for long.
   0  ____  Never or not true
   1  ____  Sometimes or somewhat true
   2  ____  Often or very true

115. Nervous, high strung, or tense.
   0  ____  Never or not true
   1  ____  Sometimes or somewhat true
   2  ____  Often or very true

116. Angry and resentful.
   0  ____  Never or not true
   1  ____  Sometimes or somewhat true
   2  ____  Often or very true

117. Avoids peers.
   0  ____  Never or not true
   1  ____  Sometimes or somewhat true
   2  ____  Often or very true

118. Complains of feeling sick before separating from those s/he is close to.
   0  ____  Never or not true
   1  ____  Sometimes or somewhat true
   2  ____  Often or very true

119. Destroys his or her own things.
   0  ____  Never or not true
   1  ____  Sometimes or somewhat true
   2  ____  Often or very true

120. Feels worthless or inferior.
   0  ____  Never or not true
   1  ____  Sometimes or somewhat true
   2  ____  Often or very true
121. Jumps from one activity to another.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

122. Overly upset when leaving someone s/he is close to.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

123. Gets back at people.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

124. Unhappy, sad, or depressed.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

125. Destroys things belonging to his/her family or other children.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

126. Underactive, slow-moving, or lacks energy.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

127. Verbally threatens to keep a peer out of the play group if the peer doesn’t do what s/he wants.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

128. Has difficulty playing quietly.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

129. Overly upset while away from someone s/he is close to.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

130. Swears or uses obscene language.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true
131. Keeps peers at a distance.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

132. Disobedient at school.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

133. Is afraid of being away from home.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

134. Talks excessively.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

135. Kicks, bites, or hits other children.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

136. Is afraid of strangers.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

137. Cries a lot.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

138. Cruel, bullies, or mean to others.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

139. Tells a peer that they won’t be invited to their birthday party unless that peer does what s/he wants.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

140. Seems lonely.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true
141. Wets self during the day.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

142. Interrupts or butts in on others.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

143. Gets in many fights.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

144. Withdraws from peer activities.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

145. Uses a weapon when fighting.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

146. Doesn't smile or laugh much.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

147. Does not seem to listen.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

148. Loses things.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true

149. Does dangerous things without thinking.
   0 ____ Never or not true
   1 ____ Sometimes or somewhat true
   2 ____ Often or very true
The following questions ask about the extent to which your child’s behaviors or behavior problems that you identified in the previous section impact your child and your family. For each question, please place a check (✓) next to the answer that comes closest to describing the situation of your child or family during the past six months.

### Impact on Your Child

150. How much trouble has your child had getting along with his or her teacher(s) as a result of the behaviors or behavior problems you identified in the previous section?

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>A little</th>
<th>A lot</th>
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<tbody>
<tr>
<td>0</td>
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</table>

151. How much trouble has your child had getting along with you or your spouse/partner as a result of any of the behaviors or behavior problems you identified in the previous section?

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>A little</th>
<th>A lot</th>
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<tbody>
<tr>
<td>0</td>
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</tbody>
</table>

152. How much has your child been irritable or fighting with friends as a result of any of the behaviors or behavior problems you identified in the previous section?

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>A little</th>
<th>A lot</th>
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<tbody>
<tr>
<td>0</td>
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</tbody>
</table>

153. How much has your child withdrawn or isolated himself or herself as a result of any of the behaviors or behavior problems you identified in the previous section?

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>A little</th>
<th>A lot</th>
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<tbody>
<tr>
<td>0</td>
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</tbody>
</table>

154. How much has your child been doing less with other kids as a result of the behaviors or behavior problems you identified in the previous section?

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>A little</th>
<th>A lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
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</tbody>
</table>

155. How much has your child missed school as a result of the behaviors or behavior problems you identified in the previous section?

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>A little</th>
<th>A lot</th>
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<tbody>
<tr>
<td>0</td>
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<td>2</td>
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</tbody>
</table>

156. How much have your child's grades gone down as a result of the behaviors or behavior problems you identified in the previous section?

<table>
<thead>
<tr>
<th></th>
<th>None (or no grades yet)</th>
<th>A little</th>
<th>A lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
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<td>2</td>
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</tbody>
</table>

157. How much has your child's life become less enjoyable as a result of any of the behaviors or behavior problems you identified in the previous section?

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>A little</th>
<th>A lot</th>
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</thead>
<tbody>
<tr>
<td>0</td>
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</tbody>
</table>
Impact on Your Family

The following questions ask about the effects of your child's behavior or behavior problems on your family during the past six months. Please check (√) the answer that best describes your family's situation.

158. How frequently has your child's behavior made it difficult for you, or prevented you from taking him or her out in public or to go shopping or visiting?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very often</th>
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</thead>
<tbody>
<tr>
<td>0</td>
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<tr>
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</tbody>
</table>

159. How frequently has your child's behavior made you decide not to leave him or her with a babysitter?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
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<tr>
<td>3</td>
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</tbody>
</table>

160. How frequently has your child's behavior prevented you from having friends, relatives, or neighbors visit your home?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
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<tr>
<td>3</td>
<td></td>
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</tbody>
</table>

161. How frequently has your child's behavior caused you to be anxious or worried about his or her chance for doing well in the future?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
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<tr>
<td>3</td>
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</tbody>
</table>

162. How frequently have you quarreled with your spouse/partner about your child's behavior?

<table>
<thead>
<tr>
<th></th>
<th>Never (or no spouse/partner)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
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<tr>
<td>1</td>
<td>Sometimes</td>
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<tr>
<td>2</td>
<td>Often</td>
</tr>
<tr>
<td>3</td>
<td>Very often</td>
</tr>
</tbody>
</table>

163. How frequently has your child's behavior prevented his or her brothers or sisters from having friends, relatives, or neighbors to your home?

<table>
<thead>
<tr>
<th></th>
<th>Never (or no brothers/sisters)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Sometimes</td>
</tr>
<tr>
<td>2</td>
<td>Often</td>
</tr>
<tr>
<td>3</td>
<td>Very often</td>
</tr>
</tbody>
</table>

164. How frequently have friends, relatives, or neighbors expressed concern to you about your child's behavior?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Sometimes</td>
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<tr>
<td>2</td>
<td>Often</td>
</tr>
<tr>
<td>3</td>
<td>Very often</td>
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</tbody>
</table>

165. During the past year, how frequently have you had to change or forego your vacations or other family outings because your child's behavior was difficult to manage?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
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<tbody>
<tr>
<td>0</td>
<td></td>
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<tr>
<td>1</td>
<td>Sometimes</td>
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<tr>
<td>2</td>
<td>Often</td>
</tr>
<tr>
<td>3</td>
<td>Very often</td>
</tr>
</tbody>
</table>
Health Care Utilization

These questions ask about your child’s use of a variety of health care services.

166. Has your child ever been admitted to a hospital overnight?

0 ____ No (If No, please go to Question 167)

1 ____ Yes

166a. How many times has your child ever been admitted to a hospital overnight? ............ #: _____

166b. How many days was the longest hospitalization? ................................................ #: _____

166c. Why was your child hospitalized each time:

1st time:____________________________________

2nd time:___________________________________

3rd time:___________________________________

Additional times: _____________________________

166d. How many times has your child been admitted to a hospital overnight within the past year? .. #: _____

167. How many times has your child been seen by his/her primary care provider for a sick visit within the past year, not including any visits for routine check-ups? .................................................... #: _____

167a. For what illnesses/injuries?

_________________________________________________________________

_________________________________________________________________

168. Has your child been to the Emergency Room within the past year?

0 ____ No (If No, please go to Question 169)

1 ____ Yes

168a. How many times has your child been to the Emergency Room within the past year?....... #: _____

168b. Why was your child seen in the Emergency Room each time:

1st time: ________________________________

2nd time: ________________________________

Additional times: _______________________________

169. Please circle whether or not your child receives each of the following services currently or within the past year.

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Resource room at school ................. 0</td>
<td>1</td>
</tr>
<tr>
<td>b. Speech/language therapy ................. 0</td>
<td>1</td>
</tr>
<tr>
<td>c. Physical/occupational therapy .......... 0</td>
<td>1</td>
</tr>
<tr>
<td>d. Emotional/behavioral therapy or counseling ................. 0</td>
<td>1</td>
</tr>
<tr>
<td>e. Another service (Please specify:) ........ 0</td>
<td>1</td>
</tr>
</tbody>
</table>

Other service: ____________________
Medications

170. Does your child currently take any prescription or non-prescription medications on a regular basis? By regular we mean on a daily basis for at least a month.

0 _____ No (If No, please go to Question 171)
1 _____ Yes

Name of Medication | Taken for what
--- | ---
a. ________________ → ________________
b. ________________ → ________________
c. ________________ → ________________
d. ________________ → ________________
e. ________________ → ________________

171. Please fill in today's date:

______ / ______ / _________   Month      Day           Year

172. Please fill in your child's date of birth:

______ / ______ / _________   Month      Day           Year

173. Is there anything else you would like to tell us about your child? Please record any comments about your child below:

_______________________________________________________
_______________________________________________________
_______________________________________________________
_______________________________________________________
_______________________________________________________

THANK YOU VERY MUCH FOR YOUR TIME!