Park Nicollet

NAME:

DOB:

MR#: HCL# :

LABEL or ADDRESSOGRAPH

Intake Questionnaire

1515914QDP

Child's name	Child's date of birth	Child's age
Form completed by		Date form completed

FAMILY INFORMATION

Parent

Name	
Street address	
City, State, ZIP	
Home phone	Work phone
Education	Occupation

Parent

Name	
Street address	
City, State, ZIP	
Home phone	Work phone
Education	Occupation

Family status:

☐ Married ☐ Separated (in________ / ________) ☐ Divorced (in________ / ________) ☐ Never married

Does your child have stepparents? ☐ No ☐ Yes. If yes, please complete below:

Stepparent

Name	
Street address	
City, State, ZIP	
Home phone	Work phone
Education	Occupation

Stepparent

Name	
Street address	
City, State, ZIP	
Home phone	Work phone
Education	Occupation

Is your child adopted? ☐ No ☐ Yes. If yes, how old was your child at the time of adoption? ________________

Is your child aware of the adoption? ☐ No ☐ Yes

If separated, child's primary residence is with whom? ____

Name of child's legal guardian____

Name of child's foster parents____

Foster parents' address ____

SCHOOL INFORMATION

School name	Homeroom teacher	Grade
Address		
Contact person	Phone	Fax

please complete the reverse side

15914 (7/2008)

REFERRAL INFORMATION

Primary physician	Primary physician phone
Primary physician address	
Referring physician	Referring physician phone
Referring physician address	
Insurance company	Will insurance company cover this evaluation? ☐ No ☐ Yes ☐ Don't know

Why are you seeking an evaluation at the Alexander Center? ____

Does your child have a current diagnosis? ____

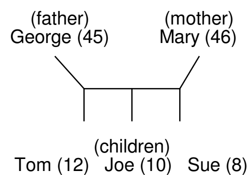
Do you wish the team to consider any specific diagnosis or questions? ____

Which symptoms or behaviors concern you most at this time? ____

What are your goals? ____

SOCIAL HISTORY

Please draw the family constellation at the child's primary residence and the residence of the child's other parent (if living separately). Include ages of all children and adults living in the home. Use the following illustration as an example.



1. ☐ Yes ☐ No Have there been other adults or children living in the home currently or in the past? If yes, what is their relationship with your child?

2. ☐ Yes ☐ No Has your child experienced any parental separations or the death of any family member? If yes, please describe circumstances (such as child's age or event)

3. ☐ Yes ☐ No Is either parent away from home for several days at a time on a regular basis?

4. ☐ Yes ☐ No Does your cultural heritage play a significant role in your daily life?

5. If parents are divorced or separated, how often does the child visit with the other parent? ____

PRESENT ILLNESS / CURRENT BEHAVIOR

1. What is the current health status of child?
☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Don't know

2. ☐ Yes ☐ No Do you have any specific medical concerns about your child?

____

____

____

3. ☐ Yes ☐ No Does your child take medications on a daily basis? If yes, please complete the table below.

Name of medication	Dosage and how often	How long has child taken this

4. ☐ Yes ☐ No Is your child's allergic to any medications? If yes, please list medications.

____

____

____

5. ☐ Yes ☐ No Are your child's immunizations up-to-date? ☐ Don't know

6. When was your child's last complete physical? ______________________________

7. When was your child's hearing last screened? ______________________________

8. When was your child's vision last screened? ______________________________

9. ☐ Yes ☐ No Is your child currently seeing any medical specialists or therapists (such as neurology, occupational therapy or physical therapy)? If yes, please provide name.

____

____

____

10. ☐ Yes ☐ No Does your child experience any of the following difficulties with sleep?
☐ Difficulty falling asleep ☐ Waking in the night ☐ Nightmares ☐ Early morning waking
☐ Night terrors ☐ Sleeps too much ☐ Snoring ☐ Apnea
☐ Falls asleep during day (other than age-appropriate naps)
☐ Other ______________________________

11. ☐ Yes ☐ No Does your child have any of the following difficulties with eating?
☐ Difficulty sitting at the table ☐ Overeats ☐ Avoids foods due to texture
☐ Poor food choices ☐ Picky eater ☐ Odd eating behavior/habits
☐ Other ______________________________

12. ☐ Yes ☐ No Does your child have any of the following difficulties with elimination?
☐ Daytime wetting ☐ Toilet refusal ☐ Night wetting
☐ Constipation ☐ Soiling ☐ Diarrhea
☐ Other ______________________________

13. ☐ Yes ☐ No Does your child frequently complain of physical symptoms not related to a medical problem?
☐ Stomachaches ☐ Headaches ☐ Joint aches
☐ Fatigue ☐ Dizziness ☐ Heart palpitations
☐ Breathing problems ☐ Tremors/shakes
☐ Other ______________________________

14. Which hand does your child use to complete tasks?

☐ Right ☐ Left ☐ Both

15. ☐ Yes ☐ No Does your child have problems with coordination?

☐ Large motor coordination
☐ Small motor coordination (such as handwriting, cutting or sipping)

16. ☐ Yes ☐ No Does your child display any unusual repetitive movements or noises (tics)?

☐ Head, facial or neck twitches
☐ Nervous habits, describe ____________
☐ Repetitive actions when excited, describe ____________
☐ Problems with balance
☐ Walks in unusual manner
☐ Walks on tiptoes
☐ Is generally clumsy
☐ Other ____________

17. ☐ Yes ☐ No Does your child act in any of the following ways?

☐ Frequently seems unaware of others in room, fails to react to noise
☐ Echoes or repeats words or phrases over and over
☐ High pain tolerance
☐ Repeats same behavior
☐ Becomes agitated if not permitted to perform ritual or routine behavior
☐ Sensory sensitivities (such as textures of food, smells, upset by bright lights, excessive reaction to noise, overreaction to touch)
☐ Seems unafraid of dangerous activity (such as shows no fear when on high playground equipment)
☐ Speaks using sing-song or high pitched intonation

18. ☐ Yes ☐ No Does your child have a history of any of the following?

☐ Depression ☐ Chemical abuse ☐ Don't know
☐ Mood swings ☐ Alcohol abuse
☐ Suicidal thoughts/attempts ☐ Unusual thinking
☐ Physical abuse ☐ Anxiety
☐ Sexual abuse

19. ☐ Yes ☐ No Does your child have any problems getting along with others?

☐ Few friends/loner ☐ Difficulty making friends ☐ Competitive with siblings
☐ No best friend ☐ Difficulty keeping friends ☐ Plays mainly with younger children
☐ Not respectful of authority ☐ Plays mainly with older children

20. Please describe your child's personality (such as sensitive, happy, compassionate, stubborn, angry, easygoing, bubbly)

____
____
____

21. What do you enjoy most about raising your child?

____
____
____

22. What are your child's main strengths?

____
____
____

23. What are your child's main weaknesses?

____
____

FAMILY MEDICAL HISTORY

Please indicate all medical conditions that have occurred in the child's biological relatives. Indicate which relative in the space provided. Under sibling, indicate sister (S) or brother (B). For all other relatives, indicate which side of the family, mother (M) or father (F). For example, if the child's mother's sister has a learning disability, you would place an "M" in the box under "Aunt" in the column labeled "learning disability."

	Mother	Father	Sibling	Aunt	Uncle	Cousin	Grandparent	Other
Learning disability								
Attention deficit disorder								
Mental retardation								
Autism								
Pervasive development disorder								
Speech and language disorder								
Hearing loss/deafness								
Tourette's or tic disorder								
Congenital disorder								
Thyroid disease								
Chronic illness (please list:______________ such as asthma, arthritis, diabetes, lupus)								
Depression								
Manic/depressive (bipolar)								
Suicide attempt								
Anxiety								
Obsessive compulsive disorder								
Schizophrenia								
Psychiatric hospitalization								
Alcohol dependency								
Chemical dependency								
Other								

☐ Yes ☐ No Has anyone in the child's family (mother, sibling, father) ever received psychological assessment, treatment or hospitalization, including for drug and alcohol abuse? If yes, please explain.

Family member	Age	Clinician or Facility	Reason for treatment

SPACE BELOW RESERVED FOR INTAKE INTERVIEWER

Number	Mother's family	Number	Father's family
Number	Mother's family	Number	Father's family

CHILD'S MEDICAL HISTORY

PREGNANCY

1. ☐ Yes ☐ No The pregnancy was mother's __________ (number) of __________ (number) pregnancies with ________ (number) live births.

2. ☐ Yes ☐ No Did any of the following occur before the pregnancy?
   - ☐ Fertility medications
   - ☐ Miscarriages

3. ☐ Yes ☐ No Did any of the following occur during the pregnancy?
   - ☐ Maternal injury, describe: ____________________
   - ☐ Infections, describe: ____________________
   - ☐ Excessive vomiting
   - ☐ Abnormal weight gain
   - ☐ Poor weight gain
   - ☐ Measles
   - ☐ Toxemia
   - ☐ Gestational diabetes
   - ☐ Anemia
   - ☐ Measles
   - ☐ Exposure to toxins
   - ☐ Hypertension
   - ☐ X-rays, which months: ____________________
   - ☐ Bleeding, spotting, which months: ____________________
   - ☐ Abnormal emotional stress (such as work hours, death of a relative)
   - ☐ Prenatal testing (such as CMV, HIV, TORCH)
   - ☐ Don't know
   - ☐ Alcohol use: amount per day: ____________________
   - ☐ Cigarette use: amount per day: ____________________
   - ☐ Medication use: describe, which months: ____________________
   - ☐ Drugs (such as cocaine, marijuana), which months: ____________________

4. ☐ Yes ☐ No Did any of the following complications occur during labor or delivery?
   - ☐ Labor induced
   - ☐ Cesarean delivery
   - ☐ General anesthesia
   - ☐ Breech delivery
   - ☐ Fetal distress
   - ☐ Forceps delivery
   - ☐ Prolonged labor, _______ hrs.
   - ☐ Multiple birth
   - ☐ Other ____________________

BIRTH

1. Mother's age at time of delivery ____________ Father's age ____________

2. Hospital, city and state of birth ____________________

3. Length of pregnancy __________ weeks (if an infant is born on his due date, the pregnancy is 40 weeks long)

4. What was the child's weight at birth? __________ lbs. __________ ozs.

5. Apgar scores __________ 1 minute __________ 5 minutes

6. Child's condition at birth?
   ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Don't know

7. Length of hospital stay:
   Infant ____________________ Mother ____________________

Perinatal Health

8. ☐ Yes ☐ No Did any of the following complications occur after delivery?
   - ☐ Infection/fever
   - ☐ Incubator How long? ____________________
   - ☐ Jaundiced
   - ☐ Breathing problems
   - ☐ Respirator How long? ____________________
   - ☐ Bleeding in the brain
   - ☐ Difficulty sucking/feeding
   - ☐ Heart problems

9. ☐ Yes ☐ No Were there any congenital defects/anomalies? (such as cleft palate) ____________________

____

DEVELOPMENTAL HISTORY

1. Please describe your child's temperament at the following ages:

Infancy (birth to 12 mo.)	☐ Pleasant/happy	☐ Fussy	☐ Colicky	☐ Other ______
Toddler (12 to 36 mo.)	☐ Pleasant/happy	☐ Fussy	☐ Colicky	☐ Other ______
Preschool (36 to 60 mo.)	☐ Pleasant/happy	☐ Fussy	☐ Colicky	☐ Other ______

2. Was there anything unusual about how your child developed? (such as didn't like to be held, very early interest in numbers)

______

______

BIRTH TO ONE YEAR

1. ☐ Yes ☐ No In the first year, did your infant experience any of the following?

- ☐ Breathing problems
- ☐ Feeding problems
- ☐ Weight loss or poor weight gain
- ☐ Irritability
- ☐ Sleep problems
- ☐ Ear infections
- ☐ Injury
- ☐ Developmental delay
- ☐ Other infections

ONE TO THREE YEARS

1. ☐ Yes ☐ No From age one to three, did any of the following occur?

- ☐ Excessive temper tantrums
- ☐ Developmental delay
- ☐ Ear tubes inserted
- ☐ Separation problems
- ☐ Recurrent ear infections
- ☐ Sleep problems
- ☐ Behavior problems

THREE TO FIVE YEARS

1. ☐ Yes ☐ No From age three to five, did any of the following occur?

- ☐ Excessive temper tantrums
- ☐ Developmental delay
- ☐ Separation problems
- ☐ Toileting problems
- ☐ Difficulty with structured activity
- ☐ Difficulty with transitions
- ☐ Recurrent ear infections
- ☐ Sleep problems
- ☐ Behavior problems
- ☐ Ear tubes inserted
- ☐ High activity level
- ☐ Short attention span

2. ☐ Yes ☐ No Did preschool teachers, day care providers or other caregivers observe difficulty with any of the following?

- ☐ Structured activity
- ☐ Behavior
- ☐ Peer relationships
- ☐ Group activity
- ☐ Attention
- ☐ Transitions

DEVELOPMENTAL MILESTONES

1. At what age did your child first do the following? Please indicate age in months (such as 16 mo)

______ Turn over	______ Feed self with spoon	______ Speak first words
______ Sit alone	______ Tie shoes	______ Use 2 to 3 word combinations
______ Crawl	______ Bowel trained	______ Begin to read
______ Walk alone	______ Bladder trained	______ Write name
______ Ride a bike	______ Dry at night	

2. Has your child shown any loss of previous abilities (such as he was speaking in two word sentences, then stopped talking or began using one word only). Please describe.

______

______

______

3. ☐ Yes ☐ No Has your child ever been diagnosed with a behavioral or emotional problem? If yes, please complete below.

Diagnosis	Age	Clinician or Facility	Treatment

MEDICAL HISTORY

4. ☐ Yes ☐ No Has your child had any of the following health problems?

☐ Seizures ☐ Asthma ☐ Chronic ear infections
☐ Ear tubes, age_______ ☐ Broken bones ☐ Head injury
☐ Meningitis ☐ Diabetes ☐ Lead poisoning
☐ Allergies, please list: ________________________________
☐ Vision problems, (such as wears glasses) since age ________________________
☐ Special diet or nutritional supplements________________________
☐ Hearing problems–hearing loss ☐ Left ear ☐ Right ear

5.

Hospitalizations (reason)	Dates	Surgery	Date

6. Are any issues seriously affecting your family of which you would like us to be aware?

____
____
____
____
____
____
____
____

COUNTY RESOURCES

1. ☐ Yes ☐ No Have you or your child been involved with any of the following resources?

☐ PCA (Personal Care Assistance) ☐ PACER (Parent Advocacy Coalition for Educational Rights)
☐ Foster care ☐ The ARC
☐ County social worker ☐ Developmental disorder social worker
☐ Respite care
☐ Other ________________________________

SPACE BELOW RESERVED FOR INTAKE INTERVIEWER

EDUCATIONAL HISTORY

1. ☐ Yes ☐ No Do you have specific concerns regarding your child's school progress?
☐ Academics ☐ Social ☐ Teacher ☐ Peer relationships

2. ☐ Yes ☐ No Are your concerns related to achievement for: (check all that apply)
☐ Reading ☐ Math ☐ Language

3. ☐ Yes ☐ No Do you have concerns related to:
☐ Off-task behavior ☐ Organization ☐ Attention ☐ Concentration

4. ☐ Yes ☐ No Has your child had an individualized school evaluation? If yes, date of last complete evaluation ____________

5. ☐ Yes ☐ No Does your child have an:
☐ Individualized Education Plan (IEP) ☐ 504 Plan Last updated ____________

6. ☐ Yes ☐ No Are you satisfied with the services your child has received at school? Comments____________

____

____

____

7. ☐ Yes ☐ No Has your child been involved in any of the following educational programs?
- ☐ Early Childhood Special Ed.
- ☐ Title 1 or Chapter 1
- ☐ Assurance of Mastery–Reading
- ☐ Assurance of Mastery–Math
- ☐ Learning disabilities program
- ☐ Emotional/behavioral disorder program
- ☐ Program for other health impairment
- ☐ Speech-language therapy
- ☐ Occupational therapy
- ☐ Physical therapy
- ☐ Autism services
- ☐ Friendship group/social skills group
- ☐ Counseling
- ☐ Mental retardation/mental impairment
- ☐ Home tutoring
- ☐ Private tutoring
- ☐ Homebound instruction
- ☐ Gifted and talented programming
- ☐ Multiple handicaps
- ☐ I don't know the name of the program

8. ☐ Yes ☐ No Currently or in the past, has your child's teacher discussed any of these problems?
- ☐ Getting along with peers
- ☐ Disrupting classroom
- ☐ Getting along with teachers
- ☐ Difficulty waiting turn
- ☐ Excessive socializing
- ☐ Following rules (classrooms, bus, recess, lunch)
- ☐ Completing work on time
- ☐ Following directions
- ☐ Turning in assigned work
- ☐ Rushing to complete work
- ☐ Staying on task during work periods
- ☐ Making frequent careless errors
- ☐ Completing large or long-term projects
- ☐ Organization of work materials
- ☐ Forgetting to bring homework materials home or to return completed work

9. ☐ Yes ☐ No Has your child ever experienced any of the following?
- ☐ Delayed kindergarten entry
- ☐ Retained in grade __________
- ☐ In-school suspension, reason ____________ in grade ____________
- ☐ Suspended for __________ days, reason ____________ in grade ____________
- ☐ Expelled, reason ____________ in grade ____________

SPACE BELOW RESERVED FOR INTAKE INTERVIEWER

10. Please summarize your child's progress in each grade level. A) Were grades average, below average or above average? B) Did teachers raise any specific concerns at conferences or list concerns on report cards? C) Were there difficulties with not understanding or completing homework or school assignments? D) Did the child receive any special services?

Preschool ____________________

Kindergarten ____________________

Grades 1-3 ____________________

Grades 4-6 ____________________

Grades 7-9 ____________________

Grades 10-12 ____________________

SPEECH AND LANGUAGE HISTORY

1. ☐ Yes ☐ No Do you have any current concerns about your child's speech or language?
2. ☐ Yes ☐ No Is your child currently receiving speech or language therapy?
3. ☐ Yes ☐ No Does your child have a history of speech or language problems?
4. ☐ Yes ☐ No Has your child received speech therapy in the past? If yes, please complete the following:
   Nature of problem (such as language delay) ____________ Dates of service/facility ____________
5. ☐ Yes ☐ No Does your child have a current IEP/IFSP in speech or language? If yes, which of the following services are included:
   - ☐ Expressive language
   - ☐ Voice therapy
   - ☐ Articulation
   - ☐ Receptive language
   - ☐ Fluency (such as stuttering)
   - ☐ Other ____________

RECEPTIVE / EXPRESSIVE LANGUAGE

1. ☐ Yes ☐ No Does your child have any of the following problems understanding language?
   - ☐ Following single-part directions
   - ☐ Understanding age-appropriate jokes
   - ☐ Following multipart directions
   - ☐ Understanding idioms (such as "You missed the boat")
   - ☐ Understanding questions
   - ☐ Understanding vocabulary
2. ☐ Yes ☐ No Does your child have any problems with expressive language?
   - ☐ Grammar/syntax
   - ☐ Initiating conversation
   - ☐ Maintaining topic of conversation
   - ☐ Adjusting to listener's needs
   - ☐ Sequencing story from start to finish
   - ☐ Using appropriate vocabulary
   - ☐ Other ____________

ARTICULATION

1. ☐ Yes ☐ No Does your child have any problems saying sounds correctly?
   - ☐ Specific sound errors, describe ____________
   - ☐ Difficulty sequencing long words

FLUENCY

1. ☐ Yes ☐ No Does your child have any difficulty with speech fluency?
   - ☐ Frequently stutters or stammers
   - ☐ Says "um" or "uh" a lot

VOICE

1. ☐ Yes ☐ No Does your child have any problems with his or her voice?
   - ☐ Frequent screaming
   - ☐ Voice quality (such as harsh, hoarse, breathy, nasal)
   - ☐ Loud talker
   - ☐ Frequent laryngitis

HEARING/LISTENING

1. ☐ Yes ☐ No Do you have any specific concerns about your child's hearing/listening?
   - ☐ Turns volume up on TV or radio
   - ☐ Misunderstands speech frequently
   - ☐ Distracted by background noise
   - ☐ Answers questions incorrectly
   - ☐ Says "what?" a lot
   - ☐ Complains of dizziness
   - ☐ Complains of ringing in ears
   - ☐ Problems with balance
2. ☐ Yes ☐ No Does your child have any difficulty using or understanding nonverbal cues?
   - ☐ Body language
   - ☐ Facial expressions
   - ☐ Tone of voice
   - ☐ Rate of speech
   - ☐ Don't know
3. ☐ Yes ☐ No Does your child struggle with sounding appropriate in social situations?

Check the column that best describes your/this child.

Not at all	Just a little	Pretty much	Very much	Don't know	
A1, AS1					
☐ 0	☐ 1	☐ 2	☐ 3	☐	**1.** Has difficulty using eye contact, facial expressions and gestures to interact with others
☐ 0	☐ 1	☐ 2	☐ 3	☐	**2.** Fails to develop peer relationships that are appropriate to the child's developmental level
☐ 0	☐ 1	☐ 2	☐ 3	☐	**3.** Does not show interest in the enjoyment or activities of others (such as does not show, bring or point out toys or other objects of interest)
☐ 0	☐ 1	☐ 2	☐ 3	☐	**4.** Has a hard time understanding the "give & take" of social interactions
A2					
☐ 0	☐ 1	☐ 2	☐ 3	☐	**5.** Has delayed or total lack of development of spoken language
☐ 0	☐ 1	☐ 2	☐ 3	☐	**6.** Is unable to start or keep a conversation going with others, but is able to speak adequately
☐ 0	☐ 1	☐ 2	☐ 3	☐	**7.** Uses unusual or repetitive language
☐ 0	☐ 1	☐ 2	☐ 3	☐	**8.** Lacks spontaneous make-believe play or interactive play with peers appropriate to his or her developmental level
A3, AS2					
☐ 0	☐ 1	☐ 2	☐ 3	☐	**9.** Is preoccupied with one or more unusual and restricted areas of interest (such as dinosaurs, trains, baseball statistics) that is unusual in intensity or focus
☐ 0	☐ 1	☐ 2	☐ 3	☐	**10.** Engages in nonfunctional routines or rituals
☐ 0	☐ 1	☐ 2	☐ 3	☐	**11.** Displays stereotyped and repetitive motor mannerisms (such as hand or finger flapping or twisting, complex whole-body movements)
☐ 0	☐ 1	☐ 2	☐ 3	☐	**12.** Has persistent preoccupations with parts of objects (such as the wheels on a toy car)
SA					
☐ 0	☐ 1	☐ 2	☐ 3	☐	**13.** Is excessively distressed when separated from home or major attachment figures, or when separation is anticipated
☐ 0	☐ 1	☐ 2	☐ 3	☐	**14.** Worries persistently and excessively about losing a parent, caregiver or other important attachment figure, or about harm befalling them
☐ 0	☐ 1	☐ 2	☐ 3	☐	**15.** Worries persistently and excessively that a future event will lead to separation from a major attachment figure (such as getting lost or being kidnapped)
☐ 0	☐ 1	☐ 2	☐ 3	☐	**16.** Is reluctant or refused to go to school or elsewhere due to fear of separation
☐ 0	☐ 1	☐ 2	☐ 3	☐	**17.** Has persistent and excessive fear or reluctance to be alone or without major attachment figures at home or in other settings
☐ 0	☐ 1	☐ 2	☐ 3	☐	**18.** Is reluctant or refuses to go to sleep without being near a major attachment figure or to sleep away from home
☐ 0	☐ 1	☐ 2	☐ 3	☐	**19.** Reports repeated nightmares involving the theme of separation
☐ 0	☐ 1	☐ 2	☐ 3	☐	**20.** Repeatedly complains of physical symptoms (such as headaches, stomachaches, nausea, vomiting) when separation from major attachment figure occurs or is anticipated.
SM					
☐ 0	☐ 1	☐ 2	☐ 3	☐	**21.** Fails to speak in specific social situations (in which there is an expectation for speaking, such as at school) despite displaying the ability to speak in other situations

Check the column that best describes your/this child.

Not at all	Just a little	Pretty much	Very much	Don't know	
RAD					
☐ 0	☐ 1	☐ 2	☐ 3	☐	**22.** Fails to initiate or respond in most social situations
☐ 0	☐ 1	☐ 2	☐ 3	☐	**23.** Is excessively inhibited in most social situations
☐ 0	☐ 1	☐ 2	☐ 3	☐	**24.** Appears to have increased awareness and vigilance in most social interactions
☐ 0	☐ 1	☐ 2	☐ 3	☐	**25.** Is highly ambivalent and shows contradictory responses in most social interactions (such as the child may respond to caregivers with a mixture of approach, avoidance, and resistance to comforting)
☐ 0	☐ 1	☐ 2	☐ 3	☐	**26.** Displays excessive familiarity with relative strangers
MDD					
☐ 0	☐ 1	☐ 2	☐ 3	☐	**27.** Has a depressed mood most of the day, nearly every day. This is indicated by either subjective reporting (such as feeling sad or empty) or observation made by others (such as appears tearful or displays an irritable mood).
☐ 0	☐ 1	☐ 2	☐ 3	☐	**28.** Has markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day
☐ 0	☐ 1	☐ 2	☐ 3	☐	**29.** Shows significant weight loss while not dieting or weight gain (a change of more than 5% of body weight in a month), or has increases or decreases in appetite nearly every day
☐ 0	☐ 1	☐ 2	☐ 3	☐	**30.** Sleeps too much or too little nearly every day
☐ 0	☐ 1	☐ 2	☐ 3	☐	**31.** Appears to be excessively inactive or overactive nearly every day, which can be observed by others
☐ 0	☐ 1	☐ 2	☐ 3	☐	**32.** Reports feelings of fatigue or loss of energy nearly every day
☐ 0	☐ 1	☐ 2	☐ 3	☐	**33.** Has feelings of worthlessness or excessive or inappropriate guilt nearly every day
☐ 0	☐ 1	☐ 2	☐ 3	☐	**34.** Has diminished ability to think or concentrate, or is indecisive, nearly every day
☐ 0	☐ 1	☐ 2	☐ 3	☐	**35.** Has recurrent thoughts of death (not just fear of dying), has recurrent suicidal ideation with a specific plan, has attempted suicide or has a specific plan for committing suicide
DD					
☐ 0	☐ 1	☐ 2	☐ 3	☐	**36.** Consistently displays poor appetite or overeating
☐ 0	☐ 1	☐ 2	☐ 3	☐	**37.** Consistently displays low energy or fatigue
☐ 0	☐ 1	☐ 2	☐ 3	☐	**38.** Has low self-esteem
☐ 0	☐ 1	☐ 2	☐ 3	☐	**39.** Consistently feels hopeless
ME					
☐ 0	☐ 1	☐ 2	☐ 3	☐	**40.** Displays inflated self-esteem or grandiosity
☐ 0	☐ 1	☐ 2	☐ 3	☐	**41.** Has a decreased need for sleep (such as feels rested after only three hours of sleep)
☐ 0	☐ 1	☐ 2	☐ 3	☐	**42.** Is more talkative than usual or seems pressured to keep talking
☐ 0	☐ 1	☐ 2	☐ 3	☐	**43.** Changes topics in conversation rapidly (flight of ideas) and appears as though thoughts are racing
☐ 0	☐ 1	☐ 2	☐ 3	☐	**44.** Is distractible (attention is easily drawn to unimportant or irrelevant external objects or events)

Check the column that best describes your/this child.

Not at all	Just a little	Pretty much	Very much	Don't know	
ME cont'd					
☐ 0	☐ 1	☐ 2	☐ 3	☐	**45.** Shows an increase in goal-directed activity (either socially or at school), or shows psychomotor agitation
☐ 0	☐ 1	☐ 2	☐ 3	☐	**46.** Is excessively involved in pleasurable activities that have a high potential for painful consequences
AGR					
☐ 0	☐ 1	☐ 2	☐ 3	☐	**47.** Has recurrent unexpected panic attacks
☐ 0	☐ 1	☐ 2	☐ 3	☐	**48.** Has anxiety about being in places or situations from which escape might be difficult (or embarrassing) and avoids this situation or requires the presence of a companion
☐ 0	☐ 1	☐ 2	☐ 3	☐	**49.** Fears being outside of the home alone and avoids it or requires the presence of a companion
SAD					
☐ 0	☐ 1	☐ 2	☐ 3	☐	**50.** Fears social or performance situations in which he or she is exposed to unfamiliar people or may be scrutinized by others, and exposure to these situations provokes anxiety and perhaps a panic attack
☐ 0	☐ 1	☐ 2	☐ 3	☐	**51.** Fears social situations and these situations almost invariably provoke anxiety, which may be expressed by crying, tantrums, freezing or shrinking from situations with unfamiliar people
☐ 0	☐ 1	☐ 2	☐ 3	☐	**52.** Recognizes that his or her fear of social situations is excessive or unreasonable
OCD					
☐ 0	☐ 1	☐ 2	☐ 3	☐	**53.** Reports having recurrent and persistent thoughts, impulses or images that cause marked anxiety or distress
☐ 0	☐ 1	☐ 2	☐ 3	☐	**54.** Reports having persistent and recurrent thoughts, impulses or images that are not simply excessive worries about real life problems
☐ 0	☐ 1	☐ 2	☐ 3	☐	**55.** Displays repetitive behaviors (such as hand washing, ordering, checking) or mental acts (such as praying, counting, repeating words silently) that he or she feels driven to perform
☐ 0	☐ 1	☐ 2	☐ 3	☐	**56.** Displays repetitive behaviors or thoughts that cause distress, are time consuming (take more than one hour a day) or significantly interfere with normal daily routines
GAD					
☐ 0	☐ 1	☐ 2	☐ 3	☐	**57.** Has excessive anxiety and worry about a number of events and activities
☐ 0	☐ 1	☐ 2	☐ 3	☐	**58.** Finds it difficult to control his or her worrying
☐ 0	☐ 1	☐ 2	☐ 3	☐	**59.** Is restless or feels keyed up or on edge
☐ 0	☐ 1	☐ 2	☐ 3	☐	**60.** Is easily fatigued
☐ 0	☐ 1	☐ 2	☐ 3	☐	**61.** Has difficulty concentrating, or his or her mind often goes blank
☐ 0	☐ 1	☐ 2	☐ 3	☐	**62.** Is irritable
☐ 0	☐ 1	☐ 2	☐ 3	☐	**63.** Reports muscle tension
☐ 0	☐ 1	☐ 2	☐ 3	☐	**64.** Has difficulty falling or staying asleep, or has restless sleep
NLD					
☐ 0	☐ 1	☐ 2	☐ 3	☐	**65.** Has trouble interpreting body language, gestures or facial expressions
☐ 0	☐ 1	☐ 2	☐ 3	☐	**66.** Has difficulty understanding and interpreting changes in tone of voice, mood and emotional cues
☐ 0	☐ 1	☐ 2	☐ 3	☐	**67.** Has difficulty comprehending information not immediately contained in words, such as nuances, humor, sarcasm, metaphor and imagery
☐ 0	☐ 1	☐ 2	☐ 3	☐	**68.** Has trouble knowing what another person knows or needs to know while in conversation

Check the column that best describes your/this child.

Not at all	Just a little	Pretty much	Very much	Don't know	
NLD cont'd					
☐ 0	☐ 1	☐ 2	☐ 3	☐	**69.** Has trouble knowing what is and what is not appropriate to say in various situations
☐ 0	☐ 1	☐ 2	☐ 3	☐	**70.** Has trouble knowing when and how to initiate and maintain conversations
☐ 0	☐ 1	☐ 2	☐ 3	☐	**71.** Has trouble knowing when and how to terminate communication
LD					
☐ 0	☐ 1	☐ 2	☐ 3	☐	**72.** Is unable to break down a complex task into simpler parts allowing him or her to work through the steps in order to complete the task
☐ 0	☐ 1	☐ 2	☐ 3	☐	**73.** Has difficulty comprehending concepts such as time, space or quantity
☐ 0	☐ 1	☐ 2	☐ 3	☐	**74.** Is unable to understand spatial relationships (such as solve puzzles, build models)
☐ 0	☐ 1	☐ 2	☐ 3	☐	**75.** Has impaired sense of space, orientation, and directionality (such as has trouble using birds-eye-view maps or following complex verbal directions)
☐ 0	☐ 1	☐ 2	☐ 3	☐	**76.** Has impaired hand-eye coordination and fine motor control
☐ 0	☐ 1	☐ 2	☐ 3	☐	**77.** Has difficulty learning/remembering information in sequence or in isolation (i.e. math facts)
☐ 0	☐ 1	☐ 2	☐ 3	☐	**78.** Had difficulty learning or remembering printed words
☐ 0	☐ 1	☐ 2	☐ 3	☐	**79.** Confuses vowel sounds or substitutes consonant sounds which often results in spelling or reading errors
☐ 0	☐ 1	☐ 2	☐ 3	☐	**80.** Has difficulty in written expression
☐ 0	☐ 1	☐ 2	☐ 3	☐	**81.** Has fine motor difficulty related to weakness in handwriting
☐ 0	☐ 1	☐ 2	☐ 3	☐	**82.** Tendency to be more of a visual or tactile learner than auditory
☐ 0	☐ 1	☐ 2	☐ 3	☐	**83.** Had difficulty learning names of letters and associating letter sounds
☐ 0	☐ 1	☐ 2	☐ 3	☐	**84.** Oral reading is choppy and labored
☐ 0	☐ 1	☐ 2	☐ 3	☐	**85.** Did not enjoy rhymes as a preschooler

Please attach a picture of your child in the space below

Thank you very much for completing this questionnaire. This information will help us evaluate your child.

Please return this form to:

Park Nicollet Clinic—Alexander Center
M & I Bank Building
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Eden Prairie, MN 55344