

DEVELOPMENT & BEHAVIOR QUESTIONNAIRE**Name:** _____ **DOB:** _____

Describe your child's development and behavior by checking frequency and explanation when possible

On the back of this sheet explain your Development & Behavior concerns

| <u>DEVELOPMENT/BEHAVIOR</u> | <u>NEVER</u> | <u>RARELY</u> | <u>OFTEN</u> | <u>ALWAYS</u> | <u>Explain give age if possible</u> |
|---------------------------------|--------------|---------------|--------------|---------------|-------------------------------------|
| Language Other than English | | | | | |
| Emotional | | | | | |
| Happy | | | | | |
| Laughing | | | | | |
| Crying | | | | | |
| Hysterical | | | | | |
| Sad | | | | | |
| Irritable | | | | | |
| Angry | | | | | |
| Hitting/Punching | | | | | |
| Shy | | | | | |
| Excitable | | | | | |
| Restless | | | | | |
| Temper | | | | | |
| Tantrums | | | | | |
| Stutter on sounds or words | | | | | |
| Stubborn | | | | | |
| Sitting/Lying Refuse to move | | | | | |
| Immature | | | | | |
| Jealous | | | | | |
| Rocking | | | | | |
| Clumsy | | | | | |
| Head Banging | | | | | |
| Foot Stomping | | | | | |
| Attentive when spoken to | | | | | |
| Answer when spoken to | | | | | |
| Use speech to communicate | | | | | |
| Use gestures to communicate | | | | | |
| Cooperative | | | | | |
| Affectionate | | | | | |
| Hyperactive | | | | | |
| Overactive | | | | | |
| Underactive | | | | | |
| Aggressive | | | | | |
| Indifferent | | | | | |
| Withdrawn | | | | | |
| Impulsive | | | | | |
| Personality Problems | | | | | |
| Gets along with Children | | | | | |
| Gets along with Adults | | | | | |
| Makes Friends easily | | | | | |
| Has an imaginary Friend | | | | | |
| Hears voices we do not hear | | | | | |
| Sees things we do not see | | | | | |
| Requires constant attention | | | | | |
| Constantly interrupts you | | | | | |
| Tells stories that are not true | | | | | |
| Likes to spend time w/family | | | | | |
| Likes to be at Home | | | | | |
| Likes to be away from Home | | | | | |
| Yelling/Screeching | | | | | |
| Will Scratch or Bite People | | | | | |
| Will Kick or trip People | | | | | |
| Sensitive Extremely | | | | | |
| Shuffle Feet Walking | | | | | |
| Indifferent to Sound | | | | | |
| No response when spoken to | | | | | |
| Respond Noise/Not Speech | | | | | |

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|------------------------------|--------------|---------------|--------------|---------------|-------------------------------------|
| Eye to Eye Contact Speaking | | | | | |
| Difficulty Concentrating | | | | | |
| Stays with an Activity | | | | | |
| Difficult to Manage | | | | | |
| Talks through Nose | | | | | |
| Constant Throat Clearing | | | | | |
| Voice High Pitch/Shrill | | | | | |
| Eating Problems | | | | | |
| Throws Food/Drinks | | | | | |
| Sleep Problems | | | | | |
| Prefers to Play Alone | | | | | |
| Plays with Others | | | | | |
| Not Afraid of Strangers | | | | | |
| Difficult to Discipline | | | | | |
| Needs a lot of Discipline | | | | | |
| Poor Attention/Distractible | | | | | |
| Unusal fear of routine | | | | | |
| Does not want leave Parent | | | | | |
| Repeats words over/over | | | | | |
| Sensory Issues | | | | | |
| Bathroom Issues | | | | | |
| Bathing Issues | | | | | |
| Enjoys Sports | | | | | |
| Enjoys School | | | | | |
| Will accept Help Problems | | | | | |
| Will not accept Help | | | | | |
| Act Out Sexual Behavior | | | | | |
| Stealing | | | | | |
| Lying | | | | | |
| Destructive his/her property | | | | | |
| Destructive other's property | | | | | |
| Sly---Likes to make trouble | | | | | |
| Likes Fire/ Light Matches | | | | | |
| Will not admit when wrong | | | | | |
| Uses Obscene Gestures | | | | | |
| Uses unappropriate Language | | | | | |
| Uses Obscene Words | | | | | |
| Activity Level Low | | | | | |
| Activity Level High | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Others List Below | | | | | |