

# ◆ 6 - 11 Year ◆ Questionnaire



*Please provide the following information.*

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

***Important Points to Remember:***

- Parents please complete the *Parent Checklist*.
- Bring this questionnaire with you to your child's appointment.

## Parent Checklist ▪ 6 - 11 Year Old

Name \_\_\_\_\_ Age \_\_\_\_\_ MR# \_\_\_\_\_ Date \_\_\_\_\_

Please check under the heading that best fits you and your child:	Yes	No
1. Does your child have a best friend?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child have friends who come over to play and does she visit other children's homes?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your child enjoy physical activity on a team or at home?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do both parents agree on "family rules"?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your child have a sense of the family "rules" and what his "jobs" are in the family?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your child feel good about his school performance?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you feel good about your child's school performance?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is your child involved in after-school care?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does your child have any special interests or hobbies?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your child ask questions about drug abuse, alcoholism and sexuality?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is TV watching and internet use monitored in your family?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does your child wear his/her seatbelt and bike helmet?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do both parents live in the same home?	<input type="checkbox"/>	<input type="checkbox"/>

1. Does your child spend much time at home alone?		
2. Does your child play in a home where guns are stored?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any worries about your child's vision, hearing or growth and development?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your child regularly see a dentist?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you worried about your child having learning disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your child have trouble with her eating, sleeping or toilet habits?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any worries about your child's temperament or personality?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is your household experiencing family, financial or marital stress?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you concerned that a family member may be depressed?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you concerned about a family member's use of alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does someone smoke in your home?	<input type="checkbox"/>	<input type="checkbox"/>

*Jot down any questions or concerns.*

# Pediatric Symptom Checklist 17 (PSC-17)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Emotions need check ups too! Because parents are often the most familiar with their child's behavior, emotions, and learning, you can help your child get the best care possible by answering these questions.**

**Please mark under the heading that best fits your child: NEVER SOMETIMES OFTEN**

		NEVER	SOMETIMES	OFTEN
◆ Fidgety, unable to sit still	◆	0	1	2
* Feels sad, unhappy	*	0	1	2
◆ Daydreams too much	◆	0	1	2
□ Refuses to share	□	0	1	2
□ Does not understand other people's feelings	□	0	1	2
* Feels hopeless	*	0	1	2
◆ Has trouble concentrating	◆	0	1	2
□ Fights with other children	□	0	1	2
* Is down on him or herself	*	0	1	2
□ Blames others for his or her troubles	□	0	1	2
* Seems to be having less fun	*	0	1	2
□ Does not listen to rules	□	0	1	2
◆ Acts as if driven by a motor	◆	0	1	2
□ Teases others	□	0	1	2
* Worries a lot	*	0	1	2
□ Takes things that do not belong to him or her	□	0	1	2
◆ Distracted easily	◆	0	1	2

**Office use only**

Total ◆ \_\_\_\_\_ Total □ \_\_\_\_\_ Total \* \_\_\_\_\_ Grand Total ◆ + □ + \* \_\_\_\_\_