



NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

### **CHILDREN'S QUESTIONNAIRE**

Score a **1**: for mild, **2**: for moderate, or **3**: for severe. **Circle words or add your own words if necessary.** Feel free to write on the back and add your own categories. Make note if a particular feeling has a recurrent pattern, whether it be after a specific activity or time of day, afternoon, night, before, during, or after sleeping, before or after eating, etc.

- |                               |                                      |
|-------------------------------|--------------------------------------|
| sad often _____               | clumsy _____                         |
| very cheerful _____           | impatient _____                      |
| often disobedient _____       | very stubborn _____                  |
| weeps easily _____            | extremely moody _____                |
| quarrelsome _____             | irritable easily _____               |
| mischievous _____             | frightened easily _____              |
| impulsive _____               | craves sugar _____                   |
| lazy _____                    | fast or slow in activity _____       |
| offended easily _____         | Quick in learning to walk/talk _____ |
| can get into a rage _____     | Slow to learning to walk/talk _____  |
| often note affectionate _____ | Hyperactive, restless _____          |

Does interruption of their activity mildly or severely upset them? \_\_\_\_\_

Do they strongly like being in company with others or do they avoid it? \_\_\_\_\_

When they are sad or in pain, does soothing them help or hurt? \_\_\_\_\_

Do they get homesick easily? \_\_\_\_\_

Many fears? Being alone? In crowds? The dark? Animals? Death? Ghosts? \_\_\_\_\_

Unknown fears? Anything else \_\_\_\_\_

Any peculiarities in their speech? \_\_\_\_\_

What do their teachers say about them? \_\_\_\_\_