

CHILDHOOD DEVELOPMENTAL HISTORY

Child's Name _____ Birthdate _____ Age _____

Person Completing Form _____ Relationship to Child _____ Date _____

Siblings (names and ages) _____

PREGNANCY COMPLICATIONS (if applicable):

Vomiting _____ Staining or blood loss _____ Infections _____ Toxemia _____ Threatened Miscarriage _____
 Other Illness _____
 Smoking During Pregnancy _____ Number of cigarettes per day _____ Drug or alcohol use _____
 Duration of Pregnancy (weeks) _____ Other Complications _____

DELIVERY:

Type of labor: Spontaneous _____ Induced _____ Duration (hours) _____ Birth Weight _____
 Type of Delivery: Normal _____ Breech _____ Cesarean _____
 Complications: Cord around neck _____ Hemorrhage _____ Infant Injury _____

POST DELIVERY: Jaundice _____ Cyanosis (blue baby) _____ Incubator Care _____ Infection _____
 (specify)

INFANCY:

Difficult to calm or comfort _____ Colicky _____ Excessively irritable _____ Head Banging _____
 Difficulty nursing _____ Reflux: _____ Disturbed sleep patterns (describe) _____

Other: _____

MEDICAL HISTORY:

Childhood Diseases (describe ages and complications) _____

Hospitalizations _____
 Head Injury _____ Coma _____ Convulsions with fever _____ without fever _____
 Eye problems (specify) _____ Ear problems (specify) _____
 Allergies (specify) _____ Asthma _____
 Eating Problems _____
 Sleep Disorders _____
 Other Problems _____

PRESENT MEDICAL STATUS:

Present illness(es) for which the child is being treated _____
 Name of Primary Care or other treating physicians _____
 Date of last medical checkup _____

DEVELOPMENTAL MILESTONES:

If you can recall, record the age at which your child reached the following developmental milestones. If you do not recall the age, check the categories to the right.

	AGE	EARLY	NORMAL	LATE
Sat without support				
Crawled				
Walked without assistance				
Spoke first words				
Said sentences				
Toilet Trained				

FAMILY HISTORY:

For each of the following, please specify which relative (parents, siblings, grandparents, aunts, uncles or cousins) and which side of the family (maternal or paternal) has or had a history of the problem or disorder.

Reading Disorder _____ Thyroid Disorder _____
 Math Disorder _____ Genetic Disorder _____
 (Specify)
 Speech Impairment _____ Depression _____

Mental Retardation _____ Bipolar Disorder _____
 Epilepsy _____ Obsessive-Compulsive Disorder _____
 Tic Disorder _____ Social Phobia _____
 Tourette's Syndrome _____ Panic Disorder _____
 Behavior Problems _____ Attention/Hyperactivity Disorder _____
 (Childhood)

MENTAL HEALTH HISTORY:

Describe any past history of severe social, emotional or behavioral problems _____

Describe any significant history of physical or emotional trauma _____

List previously seen mental health providers and addresses if available _____

BEHAVIOR CHECKLIST:

Please rate all of the following that apply to your child:

- 1) No problem 2) Mild problem 3) Moderate problem 4) Serious problem 5) Extreme problem

Is moody		Has a bad temper		Cries easily	
Is a worrier		Has bad dreams		Is often sad	
Is often quiet		Is fearful of new situations		Is fearful of being alone	
Is often tired		Stutters or stammers		Frequent stomach aches	
Frequent headaches		Wets bed or pants often		Soils or has bowel accidents	
Frequent diarrhea		Frequent constipation		Overeats	
Bites nails		Is slow to trust		Demands to be the center of attention	
Fights with siblings		Excessively neat or orderly		Too concerned about germs or cleanliness	
Tells lies		Steals		Plays with fire	
Bullies other children		Is fresh or rude to adults		Is mean	
Destroys own property		Destroys others property		Deliberately provokes adults	
Frequently in trouble with neighbors		Is cruel to animals		Is a loner	
Has no real friends		Has mostly younger friends		Has mostly older friends	
Is bossed by other children		Prefers to play alone		Gets picked on	
Is not liked by other children		Difficulty sustaining attention		Makes careless mistakes	
Often does not seem to listen		Fails to finish things		Difficulty organizing activities	
Avoids sustained mental effort		Often loses things		Easily distracted	
Forgetful in daily activities		Often fidgets		Often out of his/her seat in the classroom	
Is hyperactive		Difficulty playing quietly		Talks excessively	
Blurts out answers before questions are completed		Difficulty waiting turn		Often interrupts or intrudes	
IF YOUR CHILD IS 12 YEARS OR OLDER					
Is sexually active		Appears confused about gender		Displays interest in the same sex	
Behavior is rigid and repetitive		Is troubled by obsessive thoughts		Has many health complaints	
Experiences times of extreme fear or panic		Uses alcohol		Uses illegal drugs	
Inhales household chemicals					

CHILD BEHAVIOR CHECKLIST FOR AGES 4-18

For office use only
ID # _____

CHILD'S NAME _____			PARENTS' USUAL TYPE OF WORK, even if not working now. (Please be specific—for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.) _____ _____			
SEX <input type="checkbox"/> Boy <input type="checkbox"/> Girl	AGE _____	ETHNIC GROUP OR RACE _____	FATHER'S TYPE OF WORK: _____			
TODAY'S DATE Mo. _____ Date _____ Yr. _____		CHILD'S BIRTHDATE Mo. _____ Date _____ Yr. _____				
GRADE IN SCHOOL _____		MOTHER'S TYPE OF WORK: _____ THIS FORM FILLED OUT BY: <input type="checkbox"/> Mother (name): _____ <input type="checkbox"/> Father (name): _____ <input type="checkbox"/> Other—name & relationship to child: _____				
NOT ATTENDING SCHOOL <input type="checkbox"/>		Please fill out this form to reflect <i>your</i> view of the child's behavior even if other people might not agree. Feel free to write additional comments beside each item and in the spaces provided on page 2.				

I. Please list the sports your child most likes to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc. <input type="checkbox"/> None	Compared to others of the same age, about how much time does he/she spend in each?	Compared to others of the same age, how well does he/she do each one?
	Don't Know Less Than Average Average More Than Average	Don't Know Below Average Average Above Average
a. _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

II. Please list your child's favorite hobbies, activities, and games, other than sports. For example: stamps, dolls, books, piano, crafts, cars, singing, etc. (Do not include listening to radio or TV.) <input type="checkbox"/> None	Compared to others of the same age, about how much time does he/she spend in each?	Compared to others of the same age, how well does he/she do each one?
	Don't Know Less Than Average Average More Than Average	Don't Know Below Average Average Above Average
a. _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

III. Please list any organizations, clubs, teams, or groups your child belongs to. <input type="checkbox"/> None	Compared to others of the same age, how active is he/she in each?	
	Don't Know Less Active Average More Active	
a. _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b. _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c. _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

IV. Please list any jobs or chores your child has. For example: paper route, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.) <input type="checkbox"/> None	Compared to others of the same age, how well does he/she carry them out?	
	Don't Know Below Average Average Above Average	
a. _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
b. _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
c. _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

- V. 1. About how many close friends does your child have? None 1 2 or 3 4 or more
 (Do not include brothers & sisters)
2. About how many times a week does your child do things with any friends outside of regular school hours?
 (Do not include brothers & sisters) Less than 1 1 or 2 3 or more

VI. Compared to others of his/her age, how well does your child:

- | | Worse | About Average | Better | |
|---|--------------------------|--------------------------|--------------------------|---|
| a. Get along with his/her brothers & sisters? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Has no brothers or sisters |
| b. Get along with other kids? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Behave with his/her parents? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. Play and work by himself/herself? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

VII. 1. For ages 6 and older—performance in academic subjects. If child is not being taught, please give reason _____

- | | Failing | Below average | Average | Above average |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Reading, English, or Language Arts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. History or Social Studies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Arithmetic or Math | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Science | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other academic subjects—for example: computer courses, foreign language, business. Do **not** include gym, shop, driver's ed., etc.

2. Is your child in a special class or special school? No Yes—what kind of class or school?

3. Has your child repeated a grade? No Yes—grade and reason

4. Has your child had any academic or other problems in school? No Yes—please describe

When did these problems start?

Have these problems ended? No Yes—when?

Does your child have any illness, physical disability, or mental handicap? No Yes—please describe

What concerns you most about your child?

Please describe the best things about your child:

Below is a list of items that describe children and youth. For each item that describes your child **now or within the past 6 months**, please circle the **2** if the item is **very true** or **often true** of your child. Circle the **1** if the item is **somewhat** or **sometimes true** of your child. If the item is **not true** of your child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to your child.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

- | | | | | | | | | | |
|---|---|---|-----|---|---|---|---|-----|--|
| 0 | 1 | 2 | 1. | Acts too young for his/her age | 0 | 1 | 2 | 31. | Fears he/she might think or do something bad |
| 0 | 1 | 2 | 2. | Allergy (describe): _____ | | | | | |
| | | | | _____ | 0 | 1 | 2 | 32. | Feels he/she has to be perfect |
| 0 | 1 | 2 | 3. | Argues a lot | 0 | 1 | 2 | 33. | Feels or complains that no one loves him/her |
| 0 | 1 | 2 | 4. | Asthma | 0 | 1 | 2 | 34. | Feels others are out to get him/her |
| 0 | 1 | 2 | 5. | Behaves like opposite sex | 0 | 1 | 2 | 35. | Feels worthless or inferior |
| 0 | 1 | 2 | 6. | Bowel movements outside toilet | 0 | 1 | 2 | 36. | Gets hurt a lot, accident-prone |
| 0 | 1 | 2 | 7. | Bragging, boasting | 0 | 1 | 2 | 37. | Gets in many fights |
| 0 | 1 | 2 | 8. | Can't concentrate, can't pay attention for long | 0 | 1 | 2 | 38. | Gets teased a lot |
| 0 | 1 | 2 | 9. | Can't get his/her mind off certain thoughts; obsessions (describe): _____ | 0 | 1 | 2 | 39. | Hangs around with others who get in trouble |
| | | | | _____ | 0 | 1 | 2 | 40. | Hears sounds or voices that aren't there (describe): _____ |
| 0 | 1 | 2 | 10. | Can't sit still, restless, or hyperactive | | | | | _____ |
| 0 | 1 | 2 | 11. | Clings to adults or too dependent | 0 | 1 | 2 | 41. | Impulsive or acts without thinking |
| 0 | 1 | 2 | 12. | Complains of loneliness | 0 | 1 | 2 | 42. | Would rather be alone than with others |
| 0 | 1 | 2 | 13. | Confused or seems to be in a fog | 0 | 1 | 2 | 43. | Lying or cheating |
| 0 | 1 | 2 | 14. | Cries a lot | 0 | 1 | 2 | 44. | Bites fingernails |
| 0 | 1 | 2 | 15. | Cruel to animals | 0 | 1 | 2 | 45. | Nervous, highstrung, or tense |
| 0 | 1 | 2 | 16. | Cruelty, bullying, or meanness to others | 0 | 1 | 2 | 46. | Nervous movements or twitching (describe): _____ |
| 0 | 1 | 2 | 17. | Day-dreams or gets lost in his/her thoughts | | | | | _____ |
| 0 | 1 | 2 | 18. | Deliberately harms self or attempts suicide | 0 | 1 | 2 | 47. | Nightmares |
| 0 | 1 | 2 | 19. | Demands a lot of attention | 0 | 1 | 2 | 48. | Not liked by other kids |
| 0 | 1 | 2 | 20. | Destroys his/her own things | 0 | 1 | 2 | 49. | Constipated, doesn't move bowels |
| 0 | 1 | 2 | 21. | Destroys things belonging to his/her family or others | 0 | 1 | 2 | 50. | Too fearful or anxious |
| 0 | 1 | 2 | 22. | Disobedient at home | 0 | 1 | 2 | 51. | Feels dizzy |
| 0 | 1 | 2 | 23. | Disobedient at school | 0 | 1 | 2 | 52. | Feels too guilty |
| 0 | 1 | 2 | 24. | Doesn't eat well | 0 | 1 | 2 | 53. | Overeating |
| 0 | 1 | 2 | 25. | Doesn't get along with other kids | 0 | 1 | 2 | 54. | Overtired |
| 0 | 1 | 2 | 26. | Doesn't seem to feel guilty after misbehaving | 0 | 1 | 2 | 55. | Overweight |
| 0 | 1 | 2 | 27. | Easily jealous | | | | 56. | Physical problems without known medical cause: |
| 0 | 1 | 2 | 28. | Eats or drinks things that are not food — don't include sweets (describe): _____ | 0 | 1 | 2 | a. | Aches or pains (not headaches) |
| | | | | _____ | 0 | 1 | 2 | b. | Headaches |
| | | | | | 0 | 1 | 2 | c. | Nausea, feels sick |
| | | | | | 0 | 1 | 2 | d. | Problems with eyes (describe): _____ |
| 0 | 1 | 2 | 29. | Fears certain animals, situations, or places, other than school (describe): _____ | | | | e. | Rashes or other skin problems |
| | | | | _____ | 0 | 1 | 2 | f. | Stomachaches or cramps |
| | | | | | 0 | 1 | 2 | g. | Vomiting, throwing up |
| 0 | 1 | 2 | 30. | Fears going to school | 0 | 1 | 2 | h. | Other (describe): _____ |
| | | | | | | | | | _____ |

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

- 0 1 2 57. Physically attacks people
- 0 1 2 58. Picks nose, skin, or other parts of body (describe): _____

- 0 1 2 59. Plays with own sex parts in public
- 0 1 2 60. Plays with own sex parts too much
- 0 1 2 61. Poor school work
- 0 1 2 62. Poorly coordinated or clumsy
- 0 1 2 63. Prefers being with older kids
- 0 1 2 64. Prefers being with younger kids
- 0 1 2 65. Refuses to talk
- 0 1 2 66. Repeats certain acts over and over; compulsions (describe): _____

- 0 1 2 67. Runs away from home
- 0 1 2 68. Screams a lot
- 0 1 2 69. Secretive, keeps things to self
- 0 1 2 70. Sees things that aren't there (describe): _____

- 0 1 2 71. Self-conscious or easily embarrassed
- 0 1 2 72. Sets fires
- 0 1 2 73. Sexual problems (describe): _____

- 0 1 2 74. Showing off or clowning
- 0 1 2 75. Shy or timid
- 0 1 2 76. Sleeps less than most kids
- 0 1 2 77. Sleeps more than most kids during day and/or night (describe): _____

- 0 1 2 78. Smears or plays with bowel movements
- 0 1 2 79. Speech problem (describe): _____

- 0 1 2 80. Stares blankly
- 0 1 2 81. Steals at home
- 0 1 2 82. Steals outside the home
- 0 1 2 83. Stores up things he/she doesn't need (describe): _____

- 0 1 2 84. Strange behavior (describe): _____

- 0 1 2 85. Strange ideas (describe): _____

- 0 1 2 86. Stubborn, sullen, or irritable
- 0 1 2 87. Sudden changes in mood or feelings
- 0 1 2 88. Sulks a lot
- 0 1 2 89. Suspicious
- 0 1 2 90. Swearing or obscene language
- 0 1 2 91. Talks about killing self
- 0 1 2 92. Talks or walks in sleep (describe): _____

- 0 1 2 93. Talks too much
- 0 1 2 94. Teases a lot
- 0 1 2 95. Temper tantrums or hot temper
- 0 1 2 96. Thinks about sex too much
- 0 1 2 97. Threatens people
- 0 1 2 98. Thumb-sucking
- 0 1 2 99. Too concerned with neatness or cleanliness
- 0 1 2 100. Trouble sleeping (describe): _____

- 0 1 2 101. Truancy, skips school
- 0 1 2 102. Underactive, slow moving, or lacks energy
- 0 1 2 103. Unhappy, sad, or depressed
- 0 1 2 104. Unusually loud
- 0 1 2 105. Uses alcohol or drugs for nonmedical purposes (describe): _____

- 0 1 2 106. Vandalism
- 0 1 2 107. Wets self during the day
- 0 1 2 108. Wets the bed
- 0 1 2 109. Whining
- 0 1 2 110. Wishes to be of opposite sex
- 0 1 2 111. Withdrawn, doesn't get involved with others
- 0 1 2 112. Worries
- 113. Please write in any problems your child has that were not listed above:

NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child.
When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child was on medication was not on medication not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

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American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

NICHQ

National Initiative for Children's Healthcare Quality



NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Above Average	Somewhat of a		
			Average	Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

Comments:

For Office Use Only

Total number of questions scored 2 or 3 in questions 1–9: _____

Total number of questions scored 2 or 3 in questions 10–18: _____

Total Symptom Score for questions 1–18: _____

Total number of questions scored 2 or 3 in questions 19–26: _____

Total number of questions scored 2 or 3 in questions 27–40: _____

Total number of questions scored 2 or 3 in questions 41–47: _____

Total number of questions scored 4 or 5 in questions 48–55: _____

Average Performance Score: _____

