

Short Questionnaire about Young Children's Behaviors (for use at 3 year old physical)



Pediatric
Health Care Associates P.C.
From Birth To Twenty-One

For each of the following items, please mark with an "X," the **ONE** response that best describes your child's behavior in the **LAST MONTH**.

We encourage you to talk to us during your visit today about any concerns regarding your child's behavior.

	<i>Not true / Rarely</i>	<i>Somewhat True / Sometimes</i>	<i>Very true / Often</i>
1. Sits for 5 minutes while you read a story	0	1	2
2. Goes from toy to toy faster than other children his or her age.	0	1	2
3. Is constantly moving.	0	1	2
4. Is restless and can't sit still.	0	1	2
5. Gets very wound up or silly when playing.	0	1	2
6. Is very loud. Shouts or screams a lot.	0	1	2
7. Gets hurt so often that you can't take your eye off him/her.	0	1	2
8. Acts bossy.	0	1	2
9. Is sneaky. Hides misbehavior.	0	1	2
10. Has temper tantrums.	0	1	2
11. Tries to do as you ask.	0	1	2
12. Acts aggressive when frustrated.	0	1	2
13. Is destructive. Breaks or ruins things on purpose.	0	1	2
14. Hits, bites, or kicks you (or other parent).	0	1	2
15. Misbehaves to get attention from adults.	0	1	2
16. Purposely tries to hurt you (or other parent).	0	1	2
17. Is disobedient or defiant (for example, refuses to do as you ask).	0	1	2
18. Is stubborn.	0	1	2
19. Runs away in public places.	0	1	2
20. Is impatient or easily frustrated.	0	1	2
21. Has your child been diagnosed with Autism or Pervasive Developmental Disorder?	Y	Yes	
	N	No	

SCORE: _____

Eligible _____
Not Eligible _____

****SCAN COMPLETED FORM**