



Questionnaire for Parents with
Academic and/or Behavioral Concerns about their Child
Developed in collaboration with the expertise and experience of Harlan Gephart, MD

This form must be completed before your next visit to help your physician with the evaluation.

Name of Child: _____ Birth Date: _____

Names of Parent(s): _____

Contact Phone Number(s): _____

School Name: _____ District: _____ Grade: _____

Name of Teacher(s): _____

Contact Phone Number for Teacher(s): _____

Briefly list academic and behavioral concerns about your child, starting with the most concerning:

1. _____
2. _____
3. _____
4. _____
5. _____

Please complete this questionnaire and the Vanderbilt Assessment Scales (with one completed by the teacher) about your child as best as possible. Thank you for your time and help with this important part of the evaluation.

Circle **Yes** or **No** to the following questions.

Pregnancy, delivery, and early infancy

1. Where was your baby born? _____
 - a. Birth weight ___lb ___oz
2. More active in utero than siblings? Yes / No
3. Did you smoke during pregnancy? Yes / No
4. Did you drink alcohol during pregnancy? Yes / No
5. Was the delivery “difficult”? Yes / No
6. Was the delivery a C-section? Yes / No
7. Did your baby need oxygen? Yes / No
8. Baby need vigorous resuscitation? Yes / No
9. Baby in hospital after Mom discharged? Yes / No

General health and daily life

10. Is your child a “daredevil” or risk taker? Yes / No
11. Has many accidents/injuries? Yes / No
12. Has your child ever ingested a poison? Yes / No
13. Has your child ever had a seizure? Yes / No
14. Head injury with loss of consciousness? Yes / No
15. Serious illness or hospitalization? Yes / No
16. Any history of physical or sexual abuse? Yes / No
17. Does your child have a sleep problem? Yes / No
 - a. Difficulty falling asleep? Yes / No
 - b. Restless sleep? Yes / No
 - c. Hard to awaken? Yes / No
18. Problems getting ready for school? Yes / No
 - a. Needs reminders? Yes / No
 - b. Gets distracted? Yes / No
 - c. Would be late unless prodded? Yes / No
 - d. Forgets usual order of routine? Yes / No
19. Problems handling changes of schedule? Yes / No
20. Problems with transitions? Yes / No
 - a. Warnings and preparation help? Yes / No

Activity Level

21. Is your child “hyperactive”? Yes / No
22. Is your child “fidgety and wiggly”? Yes / No
23. Have trouble sitting through meals? Yes / No
24. Avoid restaurants because of your child? Yes / No
25. Is shopping more difficult for this child? Yes / No
26. Do you avoid taking your child shopping? Yes / No
27. Cannot sit quietly and watch TV? Yes / No
28. Often doing something else at same time? Yes / No
29. Does your child talk excessively? Yes / No
30. Is this annoying at times? Yes / No
31. Make strange/unusual noises during play? Yes / No
32. Does your child have a tic? Yes / No

Family History

33. Is there any Family History on either side of:
 - a. Cardiac Problems? Yes / No

- b. Learning Problems/Disorders? Yes / No
- c. Attention deficit disorder? Yes / No
- d. Tics or Tourette Disorder? Yes / No
- e. Depression? Yes / No
- f. Anxiety Disorder? Yes / No
- g. Bipolar Disorder? Yes / No
- h. Substance Abuse or Alcoholism? Yes / No
- i. Adolescent Problems? Yes / No
- j. School Drop-out? Yes / No
- k. Being Held Back in School? Yes / No
- l. Trouble with the Law? Yes / No

Early Development

34. Abnormal early development landmarks? Yes / No
 - a. Late sitting up (after 8 months)? Yes / No
 - b. Late walking (after 15 months)? Yes / No
 - c. Late single words (after 18 mo)? Yes / No
 - d. Late small phrases (after 2 yrs)? Yes / No
 - e. Late sentences (after 3 years)? Yes / No
35. Late in toilet training? Yes / No
36. Late in staying dry at night? Yes / No
37. Have accidents with stool? Yes / No

Motor Coordination

38. Problems in large motor coordination? Yes / No
 - a. Problems throwing/catching ball? Yes / No
 - b. Problems running/jumping? Yes / No
 - c. Problems riding a bicycle? Yes / No
39. Problems with fine motor coordination? Yes / No
 - a. Problems with tying shoes? Yes / No
 - b. Problems coloring in the lines? Yes / No
 - c. Problems with handwriting? Yes / No
 - d. Problems with using scissors? Yes / No
40. Does your child dislike team sports? Yes / No
41. Attention problems in games/practice? Yes / No
42. Difficult to read your handwriting? Yes / No
43. If yes, would writing more slowly help? Yes / No

Attentional and Organizational Abilities

44. Inattentive during non-school activities? Yes / No
 - a. Inattentive during chores? Yes / No
 - b. Inattentive dressing/bedtime? Yes / No
45. Difficulty with multiple instruction? Yes / No
46. Distracted easily during homework? Yes / No
 - a. Procrastinates? Yes / No
 - b. Gets up and down? Yes / No
 - c. Needs help 1-on-1 to stay on task? Yes / No
 - d. Takes very long to finish work? Yes / No
47. Problems with short-term memory? Yes / No
 - a. Loses and misplaces things? Yes / No
 - b. Forgets things at school? Yes / No
 - c. Forgets to turn in homework? Yes / No
 - d. Loses or misplaces homework? Yes / No

- | | | | |
|---|----------|---|----------|
| e. Problems remembering dates? | Yes / No | 61. Ever abused any substance? | Yes / No |
| 48. Difficulty with school projects? | Yes / No | a. Cigarettes? | Yes / No |
| a. Difficulty making an outline? | Yes / No | b. Alcohol? | Yes / No |
| b. Difficulty breaking into steps? | Yes / No | c. Marijuana? | Yes / No |
| c. Easily overwhelmed by projects? | Yes / No | d. Other illicit drugs? | Yes / No |
| d. 1-on-1 helps dramatically? | Yes / No | 62. Any association with a gang? | Yes / No |
| 49. Does your child daydream a lot? | Yes / No | 63. Is your child sexually active? | Yes / No |
| 50. Does "space cadet" describe your child? | Yes / No | 64. Problems with obedience/compliance? | Yes / No |

Impulsivity

- | | | | |
|---|----------|---|----------|
| 51. Fascinated by matches, setting fires? | Yes / No | b. Oppositional or Defiant? | Yes / No |
| 52. Make impulsive statements? | Yes / No | c. Blames others? | Yes / No |
| a. Problems with interrupting? | Yes / No | d. Refuses to accept responsibility? | Yes / No |
| b. Problems with blurting out? | Yes / No | 65. What disciplinary techniques are helpful? | |
| 53. Any inappropriate behaviors? | Yes / No | a. Time-outs? | Yes / No |
| a. Rude or obnoxious? | Yes / No | b. Consequence systems? | Yes / No |
| b. Bossy or controlling? | Yes / No | c. Reward systems? | Yes / No |
| c. Competitive or need to win? | Yes / No | d. Restriction of privileges? | Yes / No |
| d. Ignores or disobeys rules? | Yes / No | e. Nothing works? | Yes / No |
| e. "In your face"? | Yes / No | 66. been involved in antisocial behavior? | Yes / No |
| f. Inappropriate touching? | Yes / No | a. Setting fires? | Yes / No |
| g. Doesn't read social cues? | Yes / No | b. Breaking and entering? | Yes / No |
| h. Doesn't learn from experience? | Yes / No | c. Physical violence with weapon? | Yes / No |
| i. Repeats same mistakes? | Yes / No | d. Cruelty to animals or peers? | Yes / No |
| 54. Does your child have anger problems? | Yes / No | 67. Contact with police/juvenile authorities? | Yes / No |
| a. Hitting or fighting? | Yes / No | 68. Currently involved with a counselor? | Yes / No |
| b. Breaking or throwing objects? | Yes / No | 69. If yes, contact info. _____ | |
| c. Destroying property? | Yes / No | | |
| 55. Any problems with friendships? | Yes / No | | |
| a. Few or no friends? | Yes / No | | |
| b. Rare party invitations/playdates? | Yes / No | | |
| c. Prefers younger/older children? | Yes / No | | |
| d. Immature compared to peers? | Yes / No | | |
| e. Makes friends but loses them? | Yes / No | | |

Academic Concerns

Other Associated Behaviors

- | | | | |
|--|----------|--|----------|
| 70. Is your child below grade level? How much? | | 73. School testing for learning disabilities? | Yes / No |
| a. Reading? _____ | Yes / No | 74. Any private learning evaluations? | Yes / No |
| b. Math? _____ | Yes / No | 75. Any private tutoring? | Yes / No |
| c. Writing? _____ | Yes / No | 76. What contributes to academic difficulties? | |
| 71. Teacher raise concerns about progress? | Yes / No | a. Not paying attention in class? | Yes / No |
| 72. If yes, at what grade level and what concerns in | | b. Not finishing all the homework? | Yes / No |
| a. Academics? _____ | | c. Homework lost, late, forgotten? | Yes / No |
| b. Behavior? _____ | | d. Doesn't study for tests? | Yes / No |
| | | e. Hurried, careless, not proofread? | Yes / No |
| | | f. Doesn't understand material? | Yes / No |
| 56. Does your child have poor self-esteem? | Yes / No | | |
| a. Self-derogatory statements? | Yes / No | | |
| b. Acts sad or depressed? | Yes / No | | |
| c. Withdraws? | Yes / No | | |
| d. Verbalizes death wish/statement? | Yes / No | | |
| 57. Does your child ever appear anxious? | Yes / No | | |
| a. Panic attacks? | Yes / No | | |
| b. Hyperventilation? | Yes / No | | |
| c. Specific fears or phobias? | Yes / No | | |
| 58. Any obsessive-compulsive behavior? | Yes / No | | |
| 59. Does your child lie? | Yes / No | | |
| a. Refuses to admit responsibility? | Yes / No | | |
| b. Makes up untrue stories? | Yes / No | | |
| 60. Does your child steal? | Yes / No | | |
| a. Shoplift? | Yes / No | | |
| b. Money from home, others' toys? | Yes / No | | |