Behavior Questionnaire

Dr. Anne! Modern Parenting, Classic Healthcare.
www.DrAnneMD.com

Patient Name _____ Date _____

Person Completing This Form _____

Instructions: Answer **every** question. Provide as **much detail** as possible.

1. Why bring your child for a behavior consultation? Has anything changed recently?

2. Who first noticed the issues? What did they notice?

3. What has been tried to deal with the issues? Has it been successful?

4. What grades has the patient earned, this year?

5. What grades did the patient earn, last year?

6. Is there one subject in which the patient struggles? Or, is the problem more general?

7. How long does it take to do homework? Is that comparable to the patient's peers?

8. Are there other behavioral problems that you've not yet mentioned?

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9. What happens when your ask the patient to clean their room?

10. Does the patient have problems with social interactions?

11. Does your child prefer younger or older children to play with? How old is your child's best friend?

12. Mark Yes or No.

Yes	No	Question
☐	☐	Is the patient impulsive?
☐	☐	Was the patient impulsive at the age of two?
☐	☐	Did you have to hold the patient's hand to prevent them running into the street?
☐	☐	Does your the patient have friends?
☐	☐	Does the patient make friends easily?
☐	☐	Does the patient irritate friends easily?
☐	☐	Has the patient had a friend for more than one year?

13. Circle one number on each row. 0 = low. 9 = highest.

Patient's self esteem	0	1	2	3	4	5	6	7	8	9
Patient's mood	0	1	2	3	4	5	6	7	8	9
Patient's anger	0	1	2	3	4	5	6	7	8	9

14. What forms of discipline do you use at home?

Behavior Consultation Questionnaire (Continued)

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15. If you could help the patient with one aspect of their problem, what would you do for them?

16. If there is a family history, mark Yes and note the family relationship. Otherwise, mark No.

Yes	No	Symptom	Family Relationship
☐	☐	ADD	
☐	☐	ADD like issues	
☐	☐	bipolar disorder	
☐	☐	other psychiatric illness	
☐	☐	alcohol abuse	
☐	☐	drug abuse	
☐	☐	learning disabilities	

17. Tell Dr. Anne anything else that concerns you.