

EQUIPOISE Learning Private Limited

Full Name: M f

Age:

Gender:Female

Email Address:example@example.com

Date :29/12/2022

Assessment is Filled by: Doctor/Pediatrician

Dear Patient

Thank you for filling the screening form.

Question	Answer
Seems sad, cries a lot	Almost always/Very True
Is difficult to comfort when crying (hurt or distressed)	Almost always/Very True
Frequent Temper Tantrums	Almost always/Very True
Shyness in facing new experiences	Sometimes/Sort-of
Is easily distracted	Almost always/Very True
Intentionally hurts others (biting, hitting, kicking)	Rarely/Not True
Doesn't seem to listen to adults talking to him/her	Sometimes/Sort-of
Battles over food and eating	Rarely/Not True
Is irritable, easily annoyed & excessive whining	Sometimes/Sort-of
Resistant to cooperate with adults & is defiant	Almost always/Very True
Breaks things during tantrums	Rarely/Not True
Is easily startled or scared	Almost always/Very True
Not able to share with other children	Rarely/Not True
Has trouble mixing & interacting with other children	Almost always/Very True
Fidgets, can't sit quietly	Rarely/Not True
Is clingy,doesn't want to separate from parent	Sometimes/Sort-of
Is very scared of certain things (Dark,needles,insects)	Almost always/Very True
Reacts too emotionally to small things	Rarely/Not True
Sometimes freezes or looks very still when scared	Rarely/Not True
Extremely "rigid" about routines, becoming extremely upset when things are changed	Sometimes/Sort-of

Repeated Nightmares, Night terrors and awakening from sleep	Almost always/Very True
Easily exhausted,listless & Apathetic	Almost always/Very True
Has a hard time paying attention to tasks or activities	Sometimes/Sort-of
Interrupts frequently	Almost always/Very True
Loss of previously attained developmental milestone (toilet training)	Almost always/Very True
Has more picky eating than usual	Almost always/Very True
Has unusual repetitive behaviors (Aggression with a doll,rocking etc)	Sometimes/Sort-of
Might wander off if not supervised	Rarely/Not True
Has a hard time falling asleep & staying asleep	Almost always/Very True
Doesn't seem to have much fun & less interested in activities	Sometimes/Sort-of
Is too friendly with strangers	Almost always/Very True
Is learning or developing more slowly than other children	Sometimes/Sort-of
Has breath holding,startles,hiccups etc	Rarely/Not True
Are you concerned about this child's emotional or behavioral development?	Yes
Was your child diagnosed with any previous illness/disease/developmental delay?	No
As a caregiver I feel down, depressed, or hopeless	No
As a caregiver I feel little interest or pleasure in doing things	Yes
As a caregiver I feel too stressed to enjoy this child	Yes
As a caregiver I get more frustrated than I want to with this child's behavior	No
Experiencing single event, a series of connected traumatic events or chronic enduring stress	Yes
If Yes, Please mention the events here	
Parental abuse or neglect	Yes
Frequent changes in the caregiver	Yes
Change in immediate environment (Beginning day care, shifting home, parent returning to work, arrival of new sibling)	Yes
Maternal depression or any other mental illness at home.	Yes
Physical or sexual abuse	No
Divorce	Yes
Substance abuse	Yes
Imprisoned Relative	No

We advise you get in touch with your pediatrician urgently to get connected for further thorough evaluation, referral and treatment

Disclaimer: "Kindly note, this report is purely based on the information submitted by patient's parents. Incorrect information provided by parents willl result in incorrect report."

EQUIPOISE Learning Private Limited
The ISO 9001-2015 Certified
Emotional Intelligence Research & Training Organisation
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