

EQUIPOISE Learning Private Limited

Full Name: v a

Age:2

Gender:Female

Email Address:example@example.com

Date :29/12/2022

Assessment is Filled by: Parent

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)	Sometimes/Sort-of
Frequent Temper Tantrums	Rarely/Not True
Shyness in facing new experiences	Rarely/Not True
Is easily distracted	Sometimes/Sort-of
Intentionally hurts others (biting, hitting, kicking)	Rarely/Not True
Doesn't seem to listen to adults talking to him/her	Almost always/Very True
Battles over food and eating	Almost always/Very 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	Sometimes/Sort-of
Is easily startled or scared	Almost always/Very True
Not able to share with other children	Sometimes/Sort-of
Has trouble mixing & interacting with other children	Rarely/Not True
Fidgets, can't sit quietly	Sometimes/Sort-of
Is clingy,doesn't want to separate from parent	Sometimes/Sort-of
Is very scared of certain things (Dark,needles,insects)	Sometimes/Sort-of
Reacts too emotionally to small things	Sometimes/Sort-of
Sometimes freezes or looks very still when scared	Almost always/Very True
Extremely "rigid" about routines, becoming extremely upset when things are changed	Rarely/Not True
Repeated Nightmares, Night terrors and awakening from sleep	Sometimes/Sort-of

Easily exhausted,listless & Apathetic	Rarely/Not True
Has a hard time paying attention to tasks or activities	Rarely/Not True
Interrupts frequently	Sometimes/Sort-of
Loss of previously attained developmental milestone (toilet training)	Rarely/Not 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	Almost always/Very 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	Sometimes/Sort-of
Is learning or developing more slowly than other children	Almost always/Very True
Has breath holding,startles,hiccups etc	Almost always/Very 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	Yes
As a caregiver I feel little interest or pleasure in doing things	No
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	No
If Yes, Please mention the events here	
Parental abuse or neglect	Yes
Frequent changes in the caregiver	No
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.	No
Physical or sexual abuse	Yes
Divorce	No
Substance abuse	Yes
Imprisoned Relative	Yes

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."

