

Full Name:

Age:

Gender:

Email Address:

Date

Assessment is Filled by:

Dear Doctor

Your patient has taken the EQ Enhancement Screening and filled following answers.

As per our assessment, no concerns have been observed in your child.

Question	Answer
Seems sad, cries a lot	Sometimes/Sort-of
Is difficult to comfort when crying (hurt or distressed)	Sometimes/Sort-of
Frequent Temper Tantrums	Sometimes/Sort-of
Shyness in facing new experiences	Rarely/Not True

Is easily distracted	Sometimes/Sort-of
Intentionally hurts others (biting, hitting, kicking)	Almost always/Very 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	Almost always/Very True
Resistant to cooperate with adults & is defiant	Sometimes/Sort-of
Breaks things during tantrums	Almost always/Very True
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	Almost always/Very True
Fidgets, can't sit quietly	Rarely/Not True

Is clingy,doesn't want to separate from parent	Rarely/Not True
Is very scared of certain things (Dark,needles,insects)	Rarely/Not 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	Almost always/Very True
Interrupts frequently	Sometimes/Sort-of
Loss of previously attained developmental milestone (toilet training)	Almost always/Very True

Has more picky eating than usual	Rarely/Not True
Has unusual repetitive behaviors (Aggression with a doll,rocking etc)	Sometimes/Sort-of
Might wander off if not supervised	Sometimes/Sort-of
Has a hard time falling asleep & staying asleep	Sometimes/Sort-of
Doesn't seem to have much fun & less interested in activities	Sometimes/Sort-of
Is too friendly with strangers	Rarely/Not True
Is learning or developing more slowly than other children	Sometimes/Sort-of
Has breath holding,startles,hiccups etc	Almost always/Very True
Are you concerned about this child's emotional or behavioral development?	No
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	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	Yes
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	No
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	Yes
Divorce	No
Substance abuse	No

Imprisoned Relative	No
As per our assessment, no concerns have been observed in your child.	
Disclaimer: "Kindly note, this report is purely based on the information submitted by patient's parents. Incorrect information provided by parents will result in incorrect report."	
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