

EQUIPOISE Learning Private Limited

Full Name: q r

Age:2

Gender:Male

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	Sometimes/Sort-of
Is difficult to comfort when crying (hurt or distressed)	Rarely/Not True
Frequent Temper Tantrums	Rarely/Not True
Shyness in facing new experiences	Almost always/Very 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	Almost always/Very True
Is irritable, easily annoyed & excessive whining	Sometimes/Sort-of
Resistant to cooperate with adults & is defiant	Rarely/Not True
Breaks things during tantrums	Rarely/Not True
Is easily startled or scared	Sometimes/Sort-of
Not able to share with other children	Rarely/Not True
Has trouble mixing & interacting with other children	Sometimes/Sort-of
Fidgets, can't sit quietly	Sometimes/Sort-of
Is clingy,doesn't want to separate from parent	Rarely/Not True
Is very scared of certain things (Dark,needles,insects)	Almost always/Very True
Reacts too emotionally to small things	Almost always/Very True
Sometimes freezes or looks very still when scared	Sometimes/Sort-of
Extremely "rigid" about routines, becoming extremely upset when things are changed	Rarely/Not True
Repeated Nightmares, Night terrors and awakening from sleep	Rarely/Not True
	Almost

Easily exhausted,listless & Apathetic	always/Very True
Has a hard time paying attention to tasks or activities	Rarely/Not True
Interrupts frequently	Rarely/Not 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)	Rarely/Not True
Might wander off if not supervised	Almost always/Very True
Has a hard time falling asleep & staying asleep	Rarely/Not 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	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?	Yes
As a caregiver I feel down, depressed, or hopeless	Yes
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	Yes
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)	No
Maternal depression or any other mental illness at home.	Yes
Physical or sexual abuse	No
Divorce	No
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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