

✓ Behavior screen Please indicate whether you have concerns about any of the following items:

Acting out in anger frequently?	<input type="checkbox"/>	No=No	Yes=Yes
Seems depressed or sad often, or lacks interest in usual activity.	<input type="checkbox"/>	No=No	Yes=Yes
Seems excessively hyperactive	<input type="checkbox"/>	No=No	Yes=Yes
Has difficulty paying attention	<input type="checkbox"/>	No=No	Yes=Yes
Seems overly anxious or worried a lot	<input type="checkbox"/>	No=No	Yes=Yes
Strong or violent mood swings	<input type="checkbox"/>	No=No	Yes=Yes
Intentionally destroys property	<input type="checkbox"/>	No=No	Yes=Yes
Threatens to or actually hurts others intentionally	<input type="checkbox"/>	No=No	Yes=Yes
Talks about or has actually tried to hurt him/herself	<input type="checkbox"/>	No=No	Yes=Yes
Habitual stealing or lying	<input type="checkbox"/>	No=No	Yes=Yes