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CHILD QUESTIONNAIRE SELF REPORT

Confidential

Information requested on this questionnaire will aid us in understanding your problems. We would appreciate you filling it out carefully and fully. Please feel free to add as much information as you want. You may use the backs of pages if necessary.

Name_____ Date_____

Age_____ Sex_____ School_____Grade_____

In the next section please describe yourself in regard to each of the following aspects of thinking, feeling, or behavior. Describe the situation before the accident or illness on the left and the recent or current on condition on the right. *If the condition is one that you have had all of your life, then only complete the column on the left side of the page.*

Before the accident or illness		**Recently and currently**
	Concentration	
_____		_____
_____		_____
	Energy and activity level	
_____		_____
_____		_____
	Depression	
_____		_____
_____		_____
	Elation and other types of high mood	
_____		_____
_____		_____
	Sleep	
_____		_____
_____		_____
	Anger or Anger Control Problems	
_____		_____
_____		_____
	Agitation or Irritability	
_____		_____
_____		_____

Before the accident or illness	**Recently and currently**
Running Away or Oppositional Behavior	
Appetite for food	
Sexual behavior and sexual interest	
Consumption of alcohol and other drugs	
Hearing	
Vision and other aspects of sight	
Ability to find way around - Spatial ability	
Headaches	
Pains other than in the head	
Fatigue	
Understanding what you hear	
Your ability to finding words when you know what you want to say	

Before the accident or illness	**Recently and currently**
Your memory for things people say or things you need to do	
_____	_____
_____	_____
Imagery and memory for faces	
_____	_____
_____	_____
Reading	
_____	_____
_____	_____
Calculating - balancing check book	
_____	_____
_____	_____
School work	
_____	_____
_____	_____
Playing or listening to music	
_____	_____
_____	_____
Motor behavior - skillful activity	
_____	_____
_____	_____
Unusual sensations or strange experiences	
_____	_____
_____	_____
Ability to relax and experience pleasure	
_____	_____
_____	_____
Social behavior - being with people	
_____	_____
_____	_____

Please use the back page for additional information which you think would be helpful.
If another person assisted in completing this form, please enter appropriate information below.

Name _____ **Relationship to client**_____
Address_____**Phone**_____