Child Health Questionnaire Checklist

Created: 12/25/2011

# Tasks:

☐ **Behavior and temperament**

☐ **Prefers to play alone**

☐ **Better with one on one interaction**

☐ **Does not smile as often**

☐ **Seems depressed**

☐ **Is anxious**

☐ **Hyperactive or restless**

☐ **Unable to disregard unimportant stimuli**

☐ **Impulsive**

☐ **Disruptive**

☐ **Easily distracted**

☐ **Forgetful**

☐ **Physically abusive**

☐ **Verbally abusive**

☐ **Frequent tantrums**

☐ **Mood swings for no reason**

☐ **Short attention span**

☐ **Uncomfortable in crowds**

☐ **Becomes easily annoyed**

☐ **Bothered by loud noises**

☐ **Bothered by bright lights**

☐ **Shows little remorse**

☐ **Emotionally unstable**

☐ **Little interest or pleasure in doing things**

☐ **Jekyll-and-Hyde type of personality**

☐ **Autistic tendencies (if applicable)**

☐ **Shows little to no eye contact**

☐ **Speech is literal**

☐ **Content and happier to be alone**

☐ **Seems to be in “own world”**

☐ **Lacks displays of affection**

☐ **Lacks response from others**

☐ **Does not point out objects of interest to others**

☐ **Indifferent to surroundings**

☐ **Lacks interest in toys**

☐ **Marked reduction in activity level**

☐ **Increase in activity level**

☐ **Over-sensitive to pain**

☐ **Under-sensitive to pain**

☐ **Undeveloped motor skills**

☐ **Does not understand consequences**

☐ **Lines things up**

☐ **Loves patterns**

☐ **Color coordinated objects**

☐ **Inappropriate attachment to objects**

☐ **Displays daily obsessive routines**

☐ **Medication side effects**

☐ **Behavior changes**

☐ **Stomach upset/aches**

☐ **Mouth burns**

☐ **Leg / calf cramps**

☐ **Drowsiness**

☐ **Confusion**

☐ **Clumsiness**

☐ **Nausea**

☐ **Unresponsive at times**

☐ **Mental confusion**

☐ **Lethargic**

☐ **Tired or tense a lot**

☐ **Learning and cognition**

☐ **IQ lower than average**

☐ **Unable to process new information**

☐ **Unable to retain new information**

☐ **Has trouble performing daily tasks**

☐ **Needs constant reminders**

☐ **Does not carry on full conversation**

☐ **Repeats sentences**

☐ **Talks to himself**

☐ **Delay in academic achievement**

☐ **Lacks common sense**

☐ **Is a slow starter**

☐ **Moves slowly**

☐ **Speaks slowly**

☐ **Other questions of interest**

☐ **Eyes are “glazed over”**

☐ **Breaks out in rashes/hives**

☐ **Has eczema**

☐ **Fidgety or restless**

☐ **Is vomiting a problem**

☐ **Has recurrent colds**

☐ **Eating or not eating affects behavior**

☐ **Facial color is pale**

☐ **Dark circles under eyes**

☐ **Headaches**

☐ **Stomach viruses often**

☐ **Wets the bed or self**

☐ **Constipated often**

☐ **Diarrhea often**

☐ **Craves certain foods**

☐ **Has ear infections**

☐ **Poor appetite**

☐ **Gets car sick**

☐ **Odor or fumes make them sick**

☐ **Loves the smell of gas or paint**

☐ **Trouble going to sleep**

☐ **Would steal chocolate**

☐ **Has food cravings like milk, peanut butter, eggs**

☐ **Asthma**

☐ **Tonsillitis, strep throat**

☐ **Very ticklish**

☐ **Clears throat a lot**

☐ **Walks on tip toes**

☐ **Has dry skin**