

Brief Early Childhood Screening Assessment

Feelings and behavior are important parts of health and wellness. Please complete the questions below, so your child's pediatric provider can take the best possible care of your child.

Child name: _____ Date of Birth _____

Your name _____ Date _____

Please circle the number that best describes your child compared to other children the same age. The last 2 items are about you as a parent.

AND, please circle the "+" if you are concerned and would like help with the item (please circle a number as well)s

	Rarely/ Not true	Sometimes/ sort-of true	Almost always/ very true	I want help with this
1. Seems sad. cries a lot	0	1	2	+
2. Is difficult to comfort when hurt or distressed	0	1	2	+
3. Loses temper too much.	0	1	2	+
4. Avoids situations that remind of scary events	0	1	2	+
5. Hurts others on purpose (biting, hitting, kicking)	0	1	2	+
6. Doesn't seem to listen to adults talking to him/her	0	1	2	+
7. Battles over food and eating	0	1	2	+
8. Is irritable, easily annoyed.	0	1	2	+
9. Argues with adults	0	1	2	+
10 Breaks things during tantrums	0	1	2	+
11 Is easily startled or scared	0	1	2	+
12 Has trouble interacting with other children	0	1	2	+
13 Fidgets, can't sit quietly	0	1	2	+
14 Is clingy, doesn't want to separate from parent	0	1	2	+
15 Seems nervous or worries a lot	0	1	2	+
16 Blames other people for mistakes	0	1	2	+
17 Has a hard time paying attention to tasks or activities	0	1	2	+
18 Is always "on the go"	0	1	2	+
19 Reacts too emotionally to small things	0	1	2	+
20 Is very disobedient	0	1	2	+
21 Has unusual repetitive behaviors (rocking, flapping)	0	1	2	+
22 Doesn't seem to have much fun	0	1	2	+
23 I feel little interest or pleasure in doing things parent	0	1	2	+
24 I feel down depressed or hopeless	0	1	2	+

Are you concerned about your child's emotional or behavioral development? Yes Somewhat No

Any comments you want to share: