

Assessment Questionnaire #1

Questions related to pregnancy, delivery, and early infancy:

1. Was your baby more active in utero than his siblings were? Yes/No
2. During pregnancy, did you smoke or drink? Yes/No
3. Was your child's birth weight low? Yes/No
4. Was your baby colicky? Yes/No

Questions related to general health and daily life:

1. Does your child have a history of accidents and injuries? Yes/No
2. Has your child had a serious illness or injury? Yes/No
3. Does he or she have a sleep disturbance? Yes/No
4. Does your child have problems getting ready for school? Yes/No
5. How does your child react to changes in daily schedule? _____

6. Can your child sit through meals? Yes/No
7. Can your child sit quietly and watch TV? Yes/No
8. Does your child make noises? Yes/No
9. Does your child have motor or vocal tics? Yes/No

Questions related to family history and early development:

1. Is there anyone in the family with ADHD or learning problems? Yes/No
2. Did your child have problems in preschool? Yes/No
3. Does your child have problems with gross motor or fine motor skills? Yes/No
4. Is your child's handwriting legible? Yes/No

Questions related to personality, talents, and interests:

1. Is your child funny or been described as the "class clown"? Yes/No

Questions related to attention and organizational abilities:

1. Is your child attentive or distractible when doing homework or other tasks that require sustained focus? _____

2. How are your child's organizational skills? _____

3. With one-on-one help, does your child's performance improve? Yes/No
4. Is your child's performance consistent? Yes/No
5. How good is your child's memory? _____
6. Can your child keep track of three or more instructions delivered at the same time? Yes/No

Questions related to impulsivity:

1. Does your child make impulsive statements (i.e. interrupt when someone else is talking or make rude or otherwise inappropriate comments)? Yes/No
2. What other impulsive behavior does your child exhibit? _____

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3. Is your child a “Daredevil”? Yes/No
 4. Does your child play with fire and matches? Yes/No
 5. Does your child have trouble controlling anger? Yes/No

Questions related to relationships with peers:

1. Does your child have friends? Yes/No
2. How would you describe your child’s social skills? _____

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3. Is your child immature compared with peers? Yes/No

Questions related to self esteem:

1. Does your child obey you? Yes/No
2. How would you describe your child’s self esteem? _____

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3. Does your child lie? Yes/No
 4. Does your child steal? Yes/No
 5. Does your child consistently follow rules? Yes/No
 6. Does your child share? Yes/No
 7. Would you describe your child as “high maintenance”? Yes/No

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