

[Practice Name]

[Practice Address]

[City State ZIP]

[Practice Phone Number]

Client ID:

Patient:

ADHD (Inattentive subtype):

ADHD (Hyperactive/Impulsive subtype):

ADHD (Combined Inattention/Hyperactivity): 0

Oppositional-Defiant Disorder:

Conduct Disorder:

Depression:

Anxiety Disorder:

Panic Disorder or Significant Somatic Symptoms:

Generalized Anxiety Disorder:

Separation Anxiety:

Social Anxiety Disorder:

Significant School Avoidance:

OCD:

History of Trauma:

Psychosis:

Alcohol abuse:

Drug abuse:

Developmental Disorders:

Autism Spectrum Disorders:

Enuresis:

Encopresis:

Vanderbilt-parent Inattentive Subtype:

Vanderbilt-parent Hyperactive/Impulsive Subtype:

Vanderbilt-parent Total ADHD Symptom score:

Vanderbilt-parent Oppositional-Defiant Disorder:

Vanderbilt-parent Conduct Disorder:

Vanderbilt-parent Anxiety/Depression:

Vanderbilt-parent Performance:

Vanderbilt-parent Average Performance Score:

SCARED-parent Total:

SCARED-parent Panic Disorder/Signif Somatic Symp:

SCARED-parent Generalized Anxiety Disorder:

SCARED-parent Separation Anxiety:

SCARED-parent Social Anxiety Disorder:

SCARED-parent Significant School Avoidance:

HDCL-C:

Vanderbilt-parent Total ODD Score:

Vanderbilt-parent Total Conduct Disorder Score:

Symptom Screening

Please enter the name of the person filling out this form:

What is your relationship to the patient (e.g., parent, guardian, teacher)?

Directions for questions 1-55: Each rating should be considered in the context of what is appropriate for the age of the child. When completing these 55 questions, please think about the child's behaviors in the past 6 months.

	Was on Medication	Was Not on Medication	Not Sure?
Is this evaluation based on a time when the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has difficulty keeping attention to what needs to be done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does not seem to listen when spoken to directly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has difficulty organizing tasks and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is easily distracted by noises or other stimuli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is forgetful in daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Fidgets with hands or feet or squirms in seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Leaves seat when remaining seated is expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Runs about or climbs too much when remaining seated is expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has difficulty playing or beginning quiet play activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is "on the go" or often acts as if "driven by a motor"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Talks too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Blurts out answers before questions have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has difficulty waiting his or her turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Interrupts or intrudes in on others' conversations and/or activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Argues with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Actively defies or refuses to go along with adults' requests or rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Deliberately annoys people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Blames others for his or her mistakes or misbehaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Is touchy or easily annoyed by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Is angry or resentful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Is spiteful and wants to get even	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Bullies, threatens, or intimidates others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Starts physical fights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Lies to get out of trouble or to avoid obligations (i.e., "cons" others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Is truant from school (skips school) without permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Is physically cruel to people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Has stolen things that have value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Deliberately destroys others' property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Is physically cruel to animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Has deliberately set fires to cause damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Has broken into someone else's home, business, or car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Has stayed out at night without permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Has run away from home overnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Has forced someone into sexual activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Is fearful, anxious, or worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. Is afraid to try new things for fear of making mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Feels worthless or inferior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Blames self for problems, feels guilty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Is sad, unhappy, or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Is self-conscious or easily embarrassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Relationship with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Relationship with siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Participation in organized activities (e.g., teams)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Directions for questions 56-93: Please select the answer that best describes your child.

	Not at All	Sometimes	Pretty Much	Very Much	All the Time
56. Complains of stomach aches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Pouts and sulks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Appears happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Unable to make up his/her mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Cries often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Moves slowly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Complains of headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Demonstrates slow speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Spends more time with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Talks a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Spends time alone in room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Carefree in spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Self critical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Finds it difficult to leave parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Enjoys new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Forgetful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Easily frustrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

73. Tires easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Gets angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Hostile to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Sullen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. Bowel problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Cheerful in nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. Nausea or vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Temper outbursts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. Neat appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Suicidal thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. Eats poorly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. Falls asleep well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. Refuses to go to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. Leaves school - "hooks"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87. Moody or irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. Talks about fear of parents dying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89. Works on tasks enthusiastically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90. Sleeps through the night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. Awakens in morning earlier than necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. Needs help from adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93. Generally outgoing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Directions for questions 94-134: Below is a list of sentences that describe how people feel. Read each phrase and decide if it is "Not True or Hardly Ever True" or "Somewhat True or Sometimes True" or "Very True or Often True" for your child. Then, for each statement, select the response that seems to describe your child for the last 3 months. Please respond to all statements as well as you can, even if some do not seem to concern your child.

	Not True or Hardly Ever True	Somewhat True or Sometimes True	Very True or Often True
94. When my child feels frightened, it is hard for him/her to breathe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. My child gets headaches when he/she is at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96. My child doesn't like to be with people he/she doesn't know well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97. My child gets scared if he/she sleeps away from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98. My child worries about other people liking him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99. When my child gets frightened, he/she feels like passing out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100. My child is nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

101. My child follows me wherever I go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102. People tell me that my child looks nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103. My child feels nervous with people he/she doesn't know well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104. My child gets stomachaches at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105. When my child gets frightened, he/she feels like he/she is going crazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106. My child worries about sleeping alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107. My child worries about being as good as other kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108. When my child gets frightened, he/she feels like things are not real	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109. My child has nightmares about something bad happening to his/her parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110. My child worries about going to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111. When my child gets frightened, his/her heart beats fast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112. My child gets shaky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113. My child has nightmares about something bad happening to him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114. My child worries about things working out for him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115. When my child gets frightened, he/she sweats a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116. My child is a worrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117. My child gets really frightened for no reason at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118. My child is afraid to be alone in the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119. It is hard for my child to talk with people he/she doesn't know well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120. When my child gets frightened, he/she feels like he/she is choking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121. People tell me that my child worries too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122. My child doesn't like to be away from his/her family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123. My child is afraid of having anxiety (or panic) attacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124. My child worries that something bad might happen to his/her parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125. My child feels shy with people he/she doesn't know well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126. My child worries about what is going to happen in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
127. When my child gets frightened, he/she feels like throwing up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128. My child worries about how well he/she does things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129. My child is scared to go to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130. My child worries about things that have already happened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131. When my child gets frightened, he/she feels dizzy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

132. My child feels nervous when he/she is with other children or adults and he/she has to do something while they watch him/her (e.g., read aloud, speak, play a game, play a sport)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
133. My child feels nervous when he/she is going to parties, dances, or any place where there will be people that he/she doesn't know well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
134. My child is shy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Directions for questions 135-146: Please select "yes" or "no" for each question.

	Yes	No
135. Does your child have thoughts or obsessions about which they can't stop thinking? Obsessions are thoughts, ideas, or pictures that keep coming into your child's mind even though he or she does not want them to.	<input type="checkbox"/>	<input type="checkbox"/>
136. Does your child have compulsions or habits which they can't stop doing? Compulsions are things that your child feels he or she has to do although he or she may know they do not make sense.	<input type="checkbox"/>	<input type="checkbox"/>
137. Has your child ever experienced any of the following traumatic events: natural disaster (e.g., flood, hurricane, tornado, earthquake), fire, explosion, or industrial accident; transportation accident (e.g., car accident, plane crash); physical assault (e.g., being attacked, beaten up); sexual assault (e.g., rape, attempted rape, made to perform any type of sexual act through force or threat of harm); captivity or exposure to a war-zone; life-threatening illness or injury; sudden, unexpected death of or injury to someone close to them; or serious injury, harm, or death to someone else that they witnessed or caused?	<input type="checkbox"/>	<input type="checkbox"/>
138. Has your child had any unusual experiences such as: hearing voices, seeing visions, having ideas they later found out were not true, mind reading, ESP, thoughts being controlled by others, or seeing things on TV that they think refer to them specifically?	<input type="checkbox"/>	<input type="checkbox"/>
139. Are you concerned your child has been drinking alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
140. Are you concerned your child has been using marijuana, illegal drugs, or prescription medications for non-medical reasons?	<input type="checkbox"/>	<input type="checkbox"/>
141. Are you concerned about your child's overall level of development?	<input type="checkbox"/>	<input type="checkbox"/>
142. Are you concerned about your child's development in the areas of speech and language?	<input type="checkbox"/>	<input type="checkbox"/>
143. Are you concerned about your child's learning development in the areas of mathematics, reading, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
144. Has your child had problems with social interactions (e.g., eye contact, social reciprocity, making and keeping friends); social communications (e.g., delays in language, inability to initiate or sustain a conversation, echolalia); or restricted repetitive and stereotyped patterns of behavior, interests, and activities (e.g., hand or finger flapping; rigid, perseverative play)?	<input type="checkbox"/>	<input type="checkbox"/>
145. Has your child had any problems with enuresis (bed-wetting)?	<input type="checkbox"/>	<input type="checkbox"/>
146. Has your child had any problems with encopresis (fecal incontinence)?	<input type="checkbox"/>	<input type="checkbox"/>