

WISEMAN COUNSELING

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CHILD PROBLEM SCREENING FORM

Child's name: _____ Child's date of birth: _____ Age: _____

Rater's name: _____ Relationship to Child: _____ Today's date: _____

Directions: Below is a list of ways that children may act, think, or feel.

Please (1) circle the number showing how often your child has behaved this way in the past 3 months and (2) circle "Yes" if it is currently a problem or "No" if it is not a problem.

	How often does this occur?					Is this a problem now?	
	<u>Never</u>	<u>Seldom</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>	Yes	No
1. Argues with others	1	2	3	4	5	Yes	No
2. Can't concentrate or pay attention	1	2	3	4	5	Yes	No
3. Acts sad or depressed	1	2	3	4	5	Yes	No
4. Feeding or eating problems	1	2	3	4	5	Yes	No
5. Teases or fights with others	1	2	3	4	5	Yes	No
6. Is teased	1	2	3	4	5	Yes	No
7. Appears lonely	1	2	3	4	5	Yes	No
8. Can't sit still, hyperactive	1	2	3	4	5	Yes	No
9. Too fearful or anxious	1	2	3	4	5	Yes	No
10. Disobeys at home	1	2	3	4	5	Yes	No
11. Disobeys at school	1	2	3	4	5	Yes	No
12. Moody	1	2	3	4	5	Yes	No
13. School problems (academic)	1	2	3	4	5	Yes	No
14. Has temper tantrums or hot temper	1	2	3	4	5	Yes	No
15. Acts without thinking, impulsive	1	2	3	4	5	Yes	No
16. Threatens/tries to hurt others	1	2	3	4	5	Yes	No
17. Has low self-esteem	1	2	3	4	5	Yes	No
18. Toileting problems (wetting /soiling)	1	2	3	4	5	Yes	No
19. Self-conscious or easily embarrassed	1	2	3	4	5	Yes	No
20. Needs to be perfect	1	2	3	4	5	Yes	No
21. Threatens/tries to hurt animals	1	2	3	4	5	Yes	No
22. Threatens/tries to self	1	2	3	4	5	Yes	No