

LIFEPULSE CENTER™
for Development & Growth
Faith Nouri, PhD, LPC, NCC

Child's Name: _____ **Date:** _____

Person completing this form: _____

Please identify your concerns about this child by placing a number beside a problem, using the choices below. Only rate items when you have a concern. Do not place numbers next to problems about which you have no concerns.

- 8 = Slight concern but I have *not* thought about getting help for this problem
- 7 = Some concern *or* I have thought about getting help for this problem
- 6 = Moderate concern *or* someone has encouraged me to get help for this problem
- 5 = Serious concern *or* a few people have encouraged me to get help for this problem
- 4 = Major concern *or* many people have pressured me to get help for this problem
- 3 = Unable to function *or* the child is totally unable to do what is age-appropriate in this area
- 2 = A danger to self or others some of the time
- 1 = A persistent danger to self or others

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|--|--|
| _____ Abuse or Neglect of Child | _____ Irritable |
| _____ Acts without Thinking (Hyperactive or Impulsive) | _____ Lying |
| _____ Aggressive Behavior | _____ Makes Strange Vocal Sounds |
| _____ Anger | _____ Makes Strange, Jerking Movements |
| _____ Anxious, Tense, Worried | _____ Making or Keeping Friends |
| _____ Arguing with Adults | _____ Parent-Child Relationship |
| _____ Arguing with Other Children | _____ Paying Attention |
| _____ Arithmetic | _____ Performing Unusual Habits or Rituals |
| _____ Articulation, Spoken Language | _____ Playground Behavior |
| _____ Bad Dreams or Nightmares | _____ Playing or Relating with Other Children |
| _____ Bedwetting | _____ Reading |
| _____ Bothered by Recurring Thoughts | _____ Refusing to Speak |
| _____ Bothered by Some Trauma | _____ Relationship with Sibling(s) |
| _____ Bullying or Threatening Others | _____ Sadness/Depression |
| _____ Classroom Behavior | _____ School Attendance |
| _____ Complains about Not Feeling Well | _____ School Grades |
| _____ Coordination | _____ Self-Injurious Behavior |
| _____ Critical of Self | _____ Sexual Behavior |
| _____ Daydreaming | _____ Shy |
| _____ Defiant, Oppositional, Noncompliant | _____ Sleeping |
| _____ Destruction of Property | _____ Social Skills and Problem Solving |
| _____ Divorce of Parents | _____ Soiling Underwear |
| _____ Eating | _____ Stealing |
| _____ Fears or Phobias | _____ Strange, Weird, or Peculiar Behavior |
| _____ Fidgeting, Squirming, "Hyper" | _____ Tantrums |
| _____ Fighting | _____ Teased or Victimized by Peers |
| _____ Fire Setting | _____ Weight |
| _____ Grief or Bereavement | _____ Worrying about Being Separated from a Parent |
| _____ Health Problems | _____ Writing |
| _____ Homework | _____ Other: |

_____ Impact of Child's Problems on Parents

_____ Other:

_____ Impact of Child's Problems on Siblings

_____ Other:

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