ASD Annual Questionnaire

Patient's Name: _____ Grade: _____ School: _____ IEP: Y/N
Parent/Guardian Here Today: _____ Best Contact Number: _____

1. **What question would you like for us to try to answer today?**
_____
_____

2. **Please circle YES/NO regarding CURRENT health problems/concerns.**

Picky eater/limited diet/loss of appetite	NO	YES	Sleep Problems (falling/staying asleep/snoring)	NO	YES
Diarrhea/Constipation	NO	YES	Are there any concerns about bullying?	NO	YES
Hearing or Vision Concerns	NO	YES	Do you worry your child may run away from you?	NO	YES
Do you feel your child is safe at home from abuse and neglect?	NO	YES	Toilet Trained:	**Day:** No / Yes **Night:** No / Yes **BM:** No / Yes	
Dental Problem	NO	YES	Staring Spells/Tremors/Tics/Seizures	NO	YES

Please explain any current health problems/concerns: _____
_____

3. **Any Hospital or ED visits since your last appointment:** _____
_____

4. **Please circle the services or resources your child is receiving.**

Birth to three   Counseling   Behavior Therapy
IEP or 504 plan at school   First steps class   Speech Language Therapy (SLT)
WAAA   ABA   Physical Therapy (PT)
Other advocacy group_____   WIC   Occupational Therapy (OT)
Other: _____   SSI
Complementary therapy (aquatic, horseback riding etc):_____

5. **Supplements/Special Diets:** _____

6. **If your child is on medications for behavior, please circle your goals for today's visit:**

   a. Medication:_____ Satisfied (why or why not)?_____

   b. Medication:_____ Satisfied (why or why not)?_____

   c. Medication:_____ Satisfied (why or why not)?_____

7. **Please rate (from 1-5) your level of concern about your child's behaviors over the past 2 weeks.**
   (1= No Concern; 2= Slight Concern; 3 = Some Concern; 4 = Significant Concern; 5= Extreme Concern)

	Hyper-active	Impulsive	Anxious	Repetitive Behaviors/OCD	Defiant	Aggressive (self/others)	Poor Focus	Poor Social Skills	Moody/ Depressed	Communication
School										
Home										

8. **Tell me one GREAT thing your child did last week.** _____
_____

9. **Tell me about your child's developmental progress since last seen.** _____
_____