PARENT/GUARDIAN RATING SCALE

NAME OF CHILD: _____ DATE: _____

Who filled this out? ☐ Mom ☐ Dad ☐ Other: _____

How often does your child exhibit these traits?

Rate each statement below from 1 to 5 choosing
1 = none, 2 = a little, 3 = sometimes, 4 = frequently and 5 = a lot

		Compared to last appt?		
MOOD		Better	Worse	Same
1. Irritable	1 2 3 4 5	☐	☐	☐
2. Happy	1 2 3 4 5	☐	☐	☐
3. Angry	1 2 3 4 5	☐	☐	☐
4. Fearful	1 2 3 4 5	☐	☐	☐
5. Sad	1 2 3 4 5	☐	☐	☐
6. Emotionally "touchy"	1 2 3 4 5	☐	☐	☐
7. Acts "tired"	1 2 3 4 5	☐	☐	☐
8. Over-reacts	1 2 3 4 5	☐	☐	☐
ATTENTION				
1. Distractible	1 2 3 4 5	☐	☐	☐
2. Impulsive	1 2 3 4 5	☐	☐	☐
3. Stays on task	1 2 3 4 5	☐	☐	☐
ANGER				
1. Short Fused	1 2 3 4 5	☐	☐	☐
2. Defiant	1 2 3 4 5	☐	☐	☐
3. Explosive	1 2 3 4 5	☐	☐	☐
4. Hits others	1 2 3 4 5	☐	☐	☐
5. Threatens to hurt others	1 2 3 4 5	☐	☐	☐
6. Threatens to hurt self	1 2 3 4 5	☐	☐	☐
SOCIAL				
1. Uncooperative	1 2 3 4 5	☐	☐	☐
2. Admits when wrong	1 2 3 4 5	☐	☐	☐
3. Lies	1 2 3 4 5	☐	☐	☐
4. Nags	1 2 3 4 5	☐	☐	☐
5. Argues	1 2 3 4 5	☐	☐	☐
6. Obeys	1 2 3 4 5	☐	☐	☐

OTHER	Excellent	Good	Fair	Poor
Energy level	☐	☐	☐	☐
Performance at school	☐	☐	☐	☐
Behavior at school	☐	☐	☐	☐

STRESSORS

Please list any changes or recent events that have occurred which may be having an impact on your child:

_____

_____

_____

SLEEP

Does your child…

☐ Fall asleep easily?
☐ Stay asleep? ☐ Wake during the night?
☐ Wake up sleepy but perk up later?
☐ Wake up tired and stay that way?

How many hours of sleep:

_____ At night? _____ During the day?

SIDE EFFECTS

Please list only symptoms you believe are caused or made worse by the medication:

☐ None ☐ Dry Mouth
☐ Upset Stomach ☐ Constipation
☐ Decreased Appetite
☐ Other _____

What is the #1 problem or behavior that still concerns you regarding your child?

_____

_____

_____

_____

_____

***FOR GIRLS ONLY*:**

Was there a significant change in mood, energy, or irritability the last week before her period: ☐ No ☐ Yes

If YES, how many days before? _____

If NO:

☐ No period since last appointment
☐ I am just not sure
☐ Periods have not started yet

How many days until next period? _____

DICTATION # _____

Reviewed by: _____