

ADHD CLINIC

SUITE 402, 220 DUNDAS STREET WEST, WHITBY, ONTARIO L1N 8M7

PHONE: (905) 666-4400, FACSIMILE: (905) 668.2881

PATIENT INFORMATION

Patient's Name: _____ Sex: Male Female

Date of Birth: _____ Age: _____

Home Address: _____

Home Phone: (_____) _____ Occupation: _____ Student

School, if student: _____ School Phone: (_____) _____

School Address: _____

RESPONSIBLE PARTY and/or PARENT INFORMATION

Responsible Party: _____ Date of Birth: _____

Home Address: _____

Home Phone: (_____) _____ Occupation: _____

Employer: _____ Work Phone:(_____) _____

Employer Address: _____

Marital Status: Single Married Separated Divorced Widowed

Spouse's Name: _____ SS# _____ - _____ - _____ Date of Birth: _____

Spouse's Employer: _____ Address: _____

A testing material fee is charged at the time of your first appointment. This fee covers testing material and the cost of forms. If further psychological testing is required you will be informed ahead of time. Please complete this form as accurately as possible and remember the information provided will become part of the letter which will be forwarded to you and the physician who referred your child to us.

APPOINTMENT CANCELLATION POLICY: ADHD Clinic requires that cancellations for scheduled appointments be received 48 hours in advance during regular office hours (Monday through Friday 9am to 5:00pm. We will give you a courtesy call 24 hours prior to your visit. However we want you to understand that this is courtesy call only. It is not the clinics responsibility to remind you of your appointment. Unkept or cancelled appointments that do not follow this policy will be charged the regular OHIP fee and the 80 dollar cancellation fee at the discretion of your doctor. This fee can be equal but will not exceed the OHIP Billing rate. OHIP does not pay for unkept appointment fees and the patient/responsible party is held fully accountable for this charge. By signing this, you are agreeing to the above.

I have read and understand the above stated policies of ADHD Clinic.

Signature of Responsible Party (required): _____

Name: _____

PRIOR ATTEMPTS TO CORRECT PROBLEMS/PRIOR PSYCHIATRIC HISTORY

(Please include contact with other professionals, medications, types of treatment, etc.)

MEDICAL HISTORY

Current medical problems/medications: _____

Past medical problems/medications: _____

Other doctors/clinics seen regularly: _____

Any history of head trauma? (describe): _____

Ever any seizures or seizure like activity? _____

Any periods of spaciness or confusion? _____

Prior hospitalizations (place, cause, date, outcome): _____

Prior abnormal lab tests, X-rays, EEG, etc.: _____

Allergies/drug intolerances (describe): _____

Present Height _____ *Present Weight* _____

Current Stresses (please list current factors that are a source of stress in the family)

FAMILY HISTORY

Family Structure (who lives in the current household with the child, please give relationship to the child):

Current Marital Situation/Satisfaction of Parents _____

Family Development (include marriages, separations, divorces, deaths, traumatic events, losses, etc.)

Natural Mother's History: age _____ outside work _____

School: highest grade completed _____

Learning problems (specify) _____

Behavior problems (specify) _____

Marriages _____

Medical Problems _____

Name: _____

Natural Mother's History Continued

Childhood atmosphere (family position, abuse, illnesses, etc) _____

Has mother ever sought psychiatric treatment? Yes ___ No ___

If yes, for what purpose? _____

Mother's alcohol/drug use history _____

Have any of mother's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (specify) _____

Natural Father's History: age _____ outside work _____

School: highest grade completed _____

Learning problems (specify) _____

Behavior problems (specify) _____

Marriages _____

Medical Problems _____

Childhood atmosphere (family position, abuse, illnesses, etc) _____

Has father ever sought psychiatric treatment? Yes ___ No ___

If yes, for what purpose? _____

Father's alcohol/drug use history _____

Have any of father's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (specify) _____

(If Applicable)

Step or Adopted Mother's History (indicate which): age _____ outside work _____

School: highest grade completed _____

Learning problems (specify) _____

Behavior problems (specify) _____

Marriages _____

Medical Problems _____

Childhood atmosphere (family position, abuse, illnesses, etc) _____

Has step-mother ever sought psychiatric treatment? Yes ___ No ___

If yes, for what purpose? _____

Step or adopted mother's alcohol/drug use history _____

Step or Adopted Father's History (indicate which): age _____ outside work _____

School: highest grade completed _____

Learning problems (specify) _____

Behavior problems (specify) _____

Marriages _____

Medical Problems _____

Childhood atmosphere (family position, abuse, illnesses, etc) _____

Name: _____

Step or Adopted Father's History Continued

Has step-father ever sought psychiatric treatment? Yes ___ No ___

If yes, for what purpose? _____

Step or adopted father's alcohol/drug use history _____

Siblings (names, ages, problems, strengths, relationship to patient)

CHILD'S DEVELOPMENTAL HISTORY

Prenatal events:

Parents attitude toward pregnancy _____

Conception--ease _____ planned _____ unplanned _____

Pregnancy complications (bleeding, excess vomiting, medication, infections, x-rays, smoking, alcohol/drug use, etc) _____

Birth and Postnatal period:

Birth weight ___ Length ___ Labor duration ___ Delivery: vaginal ___ C section ___ Problems _____

APGAR scores (if known) _____ Any jaundice? Yes ___ No ___ Time in hospital _____

Complications? _____

Street drugs or Alcohol Use: _____

Mother's health after delivery _____

Post delivery blues ? ___ if yes, how long ? _____

Primary caretaker for child, first year _____

thereafter _____

Feeding history: breast vs bottle _____ age weaned _____ Food allergies _____

Current eating problems _____

Sleep behavior: sleepwalking, nightmares, recurrent dreams, current problems (getting up, going to bed)

Separations from mother and/or father: age, duration, reaction to _____

Toilet training: age reached bowel control: day _____ night _____ bladder control: day _____ night _____

methods used _____ ease _____ current function _____

Sexual development: gender identity _____

any problems _____

Physical/Sexual Abuse: _____

Name: _____

Motor development: (please write in age, parentheses are approximate normal limits)

rolls over (3-5m) _____ sit without support (5-7m) _____ crawls (5-8) _____
walks well (11-16m) _____ runs well (2y) _____ rides tricycle (3y) _____
throws ball overhand (4y) _____ current level of activity _____
fine and gross motor coordination _____ compared to peers _____

Language development: (please write in age, parentheses are approximate normal limits)

several words besides dada, mama (1y) _____ name several objects-ball, cup (15m) _____
3 words together--subject, verb, object (24m) _____ vocabulary _____ articulation _____
comprehension _____ compared to peers _____
any current problems _____

Social development: (please write in age, parentheses are approximate normal limits)

smile (2m) _____ shy with strangers (6-10m) _____ separates from mother easily (2-3y) _____
cooperative play with others (4y) _____
quality of attachment to mother _____ quality of attachment to father _____
relationships to family members _____
early peer interactions _____
current peer interactions _____
special interests/hobbies _____

Behavioral/Discipline: compliance vs non-compliance _____

lying/stealing _____ rule breaking _____ methods of discipline _____
other problems _____

Emotional development: early temperament _____

current personality _____
mood _____ fears/phobias _____
habits _____
special objects (blankets, dolls, etc.) _____ ability to express of feelings _____

Drug/Alcohol History: _____

School History: current grade _____ school contact _____

number of schools attended _____ average grades _____
homework problems _____
specific learning disabilities _____
strengths _____
what have teachers said about the child/teen _____

Please bring school report cards and any state, national or special testing that has been performed.

Overall Strengths -- as viewed by parents _____

Overall Strengths -- as viewed by the child/teen _____

Name: _____

Child/Teen General Symptom Checklist

Parents please rate your child or teen on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have the child or teen rate him/herself as well. For young children it may not be practical to have them fill out the questionnaire. Use your best judgment and do the best you can.

0 1 2 3 4 NA
Never Rarely Occasionally Frequently Very Frequently Not Applicable/Not Known

Ch/Tn Parent

- ___ ___ 1. depressed or sad mood
- ___ ___ 2. not as much interest in things that are usually fun
- ___ ___ 3. significant recent weight or appetite changes
- ___ ___ 4. recurrent thoughts of death or suicide
- ___ ___ 5. sleep changes, lack of sleep or marked increase in sleep
- ___ ___ 6. low energy or feelings of tiredness
- ___ ___ 7. feelings of being worthless, helpless, hopeless or guilty
- ___ ___ 8. plays alone or appears socially withdrawn
- ___ ___ 9. cries easily
- ___ ___ 10. negative thinking
- ___ ___ 11. periods of an elevated, high or irritable mood
- ___ ___ 12. periods of a very high self esteem or big thinking
- ___ ___ 13. periods of decreased need for sleep without feeling tired
- ___ ___ 14. more talkative than usual or feel pressure to keep talking
- ___ ___ 15. fast thoughts or frequent jumping from one subject to another
- ___ ___ 16. easily distracted by irrelevant things
- ___ ___ 17. marked increase in activity level
- ___ ___ 18. cyclic periods of angry, mean or violent behavior
- ___ ___ 19. periods of time where you feel intensely anxious or nervous
- ___ ___ 20. periods of trouble breathing or feeling smothered
- ___ ___ 21. periods of feeling dizzy, faint or unsteady on your feet
- ___ ___ 22. periods of heart pounding, fast heart rate or chest pain
- ___ ___ 23. periods of trembling, shaking or sweating
- ___ ___ 24. periods of nausea, abdominal upset or choking
- ___ ___ 25. intense fear of dying
- ___ ___ 26. lacks confidence in abilities
- ___ ___ 27. needs lots of reassurance
- ___ ___ 28. needs to be perfect
- ___ ___ 29. seems fearful and anxious
- ___ ___ 30. seems shy or timid
- ___ ___ 31. easily embarrassed
- ___ ___ 32. sensitive to criticism
- ___ ___ 33. bites fingernails or chews clothing
- ___ ___ 34. persistent refusal to go to school
- ___ ___ 35. excessive fear of interacting with other children or adults
- ___ ___ 36. persistent, excessive fear (heights, closed spaces, specific animals, etc.) please list _____
- ___ ___ 37. excessive anxiety concerning separation from home or from those to whom the child is attached.
- ___ ___ 38. recurrent bothersome thoughts, ideas or images which you try to ignore
- ___ ___ 39. trouble getting "stuck" on certain thoughts, or having the same thought over and over
- ___ ___ 40. excessive or senseless worrying
- ___ ___ 41. others complain that you worry too much or get "stuck" on the same thoughts
- ___ ___ 42. compulsive behaviors that you must do or you feel very anxious, such as excessive hand washing,

- cleaning, checking locks, or counting or spelling
- ___ 43. needing to have things done a certain way or you become very upset
- ___ 44. recurrent and upsetting thoughts of a past traumatic event (molested, accident, fire, etc.), please list _____
- ___ 45. recurrent distressing dreams of a past upsetting event
- ___ 46. feelings of reliving a past upsetting event
- ___ 47. spend effort avoiding thoughts or feelings related to a past trauma
- ___ 48. feeling that your future is shortened
- ___ 49. startle easily
- ___ 50. feel like you're always watching for bad things to happen
- ___ 51. refusal to maintain body weight above a level most people consider healthy
- ___ 52. intense fear of gaining weight or becoming fat even though underweight
- ___ 53. feelings of being fat, even though you're underweight
- ___ 54. recurrent episodes of eating large amounts of food
- ___ 55. a feeling of lack of control over eating behavior
- ___ 56. engage in activities to eliminate excess food, such as self induced vomiting, laxatives, strict dieting or strenuous exercise
- ___ 57. persistent worry with body shape and weight
- ___ 58. involuntary physical movements or motor tics (such as eye blinking, shoulder shrugging, head jerking or picking). How long have motor tics been present? _____ How often? _____ describe _____
- ___ 59. involuntary vocal sounds or verbal tics (such as coughing, puffing, blowing, whistling, swearing). How long have verbal tics been present? _____ How often? _____ describe _____
- ___ 60. repetitive, seemingly driven motor behavior (e.g., hand shaking or waving, body rocking, head banging, mouthing of objects, self-biting, picking at skin or bodily orifices, hitting own body) that interferes with normal activities or results in self-inflicted bodily injury that requires medical treatment (or would result in an injury if preventive measures were not used).
- ___ 61. passage of feces in inappropriate places (e.g., clothing or floor).
- ___ 62. bed wetting. If present, how often? _____
- ___ 63. failure to speak in specific social situations (in which there is an expectation for speaking, e.g., at school) despite speaking in other situations.
- ___ 64. delusional or bizarre thoughts (thoughts you know others would think are false)
- ___ 65. visual hallucination, seeing objects or images are not really present
- ___ 66. hearing voices that are not really present
- ___ 67. odd behaviors
- ___ 68. poor personal hygiene or grooming
- ___ 69. inappropriate mood for the situation (i.e., laughing at sad events)
- ___ 70. frequent feelings that someone or something is out to hurt you
- ___ 71. problems with social relatedness before the age of 5, either by failing to respond appropriately to others or becoming indiscriminately attached to others
- ___ 72. multiple changes in caregivers before the age of 5
- ___ 73. steals
- ___ 74. bullies, threatens, or intimidates others
- ___ 75. initiates physical fights
- ___ 76. cruel to animals
- ___ 77. force others into things they do not want to do (sexually or criminally)
- ___ 78. sets fires
- ___ 79. destroys property
- ___ 80. break in to others home, school, car or place of business
- ___ 81. lies
- ___ 82. stays out at night despite parental prohibitions
- ___ 83. runs away overnight
- ___ 84. cuts school
- ___ 85. doesn't seem sorry for hurting others
- ___ 86. negative, hostile, or defiant behavior

- ___ ___ 87. loses temper
- ___ ___ 88. argues with adults
- ___ ___ 89. actively defies or refuses to comply with adults' requests or rules
- ___ ___ 90. deliberately annoys people
- ___ ___ 91. blames others for his or her mistakes or misbehavior
- ___ ___ 92. touchy or easily annoyed by others
- ___ ___ 93. angry and resentful
- ___ ___ 94. spiteful or vindictive
- ___ ___ 95. impairment in communication as manifested by at least one of the following:
- delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
 - in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
 - repetitive use of language or odd language
 - lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level
- ___ ___ 96. impairment in social interaction, with at least two of the following:
- marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
 - failure to develop peer relationships appropriate to developmental level
 - lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
 - lack of social or emotional reciprocity
- ___ ___ 97. repetitive patterns of behavior, interests, and activities, as manifested by at least one of following:
- preoccupation with an area of that is abnormal either in intensity or focus
 - rigid adherence to specific, nonfunctional routines or rituals
 - repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
 - persistent preoccupation with parts of objects
- ___ ___ 98. stutters
- ___ ___ 99. feel tired during the day
- ___ ___ 100. feel cold when others feel fine or they are warm
- ___ ___ 101. often feel warm when others feel fine or they are cold
- ___ ___ 102. problems with brittle or dry hair
- ___ ___ 103. problems with dry skin
- ___ ___ 104. problems with sweating
- ___ ___ 105. problems with chronic anxiety or tension

Child/Teen Brain System Checklist

Please rate your child/teen on each of the symptoms listed below using the following scale. If practical and/or possible, to give us the most complete picture, have the child/teen (Ch/Tn) rate himself or herself. List who filled this out. _____

0 1 2 3 4 NA
 Never Rarely Occasionally Frequently Very Frequently Not Applicable/Not Known

Ch/Tn Parent

- ___ ___ 1. Fails to give close attention to details or makes careless mistakes
- ___ ___ 2. Trouble sustaining attention in routine situations (i.e., homework, chores, paperwork)
- ___ ___ 3. Trouble listening
- ___ ___ 4. Fails to finish things
- ___ ___ 5. Poor organization for time or space (such as backpack, room, desk, paperwork)
- ___ ___ 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- ___ ___ 7. Loses things
- ___ ___ 8. Easily distracted
- ___ ___ 9. Forgetful
- ___ ___ 10. Poor planning skills
- ___ ___ 11. Lack clear goals or forward thinking
- ___ ___ 12. Difficulty expressing feelings
- ___ ___ 13. Difficulty expressing empathy for others
- ___ ___ 14. Excessive daydreaming
- ___ ___ 15. Feeling bored
- ___ ___ 16. Feeling apathetic or unmotivated
- ___ ___ 17. Feeling tired, sluggish or slow moving
- ___ ___ 18. Feeling spacey or "in a fog"
- ___ ___ 19. Fidgety, restless or trouble sitting still
- ___ ___ 20. Difficulty remaining seated in situations where remaining seated is expected
- ___ ___ 21. Runs about or climbs excessively in situations in which it is inappropriate
- ___ ___ 22. Difficulty playing quietly
- ___ ___ 23. "On the go" or acts as if "driven by a motor"
- ___ ___ 24. Talks excessively
- ___ ___ 25. Blurts out answers before questions have been completed
- ___ ___ 26. Difficulty awaiting turn
- ___ ___ 27. Interrupts or intrudes on others (e.g., butts into conversations or games)
- ___ ___ 28. Impulsive (saying or doing things without thinking first)
- ___ ___ 29. Excessive or senseless worrying
- ___ ___ 30. Upset when things do not go your way
- ___ ___ 31. Upset when things are out of place
- ___ ___ 32. Tendency to be oppositional or argumentative
- ___ ___ 33. Tendency to have repetitive negative thoughts
- ___ ___ 34. Tendency toward compulsive behaviors
- ___ ___ 35. Intense dislike for change
- ___ ___ 36. Tendency to hold grudges
- ___ ___ 37. Trouble shifting attention from subject to subject
- ___ ___ 38. Trouble shifting behavior from task to task
- ___ ___ 39. Difficulties seeing options in situations
- ___ ___ 40. Tendency to hold on to own opinion and not listen to others
- ___ ___ 41. Tendency to get locked into a course of action, whether or not it is good
- ___ ___ 42. Needing to have things done a certain way or you become very upset
- ___ ___ 43. Others complain that you worry too much
- ___ ___ 44. Tend to say no without first thinking about question

Name: _____

- ___ 45. Tendency to predict fear
- ___ 46. Frequent feelings of sadness
- ___ 47. Moodiness
- ___ 48. Negativity
- ___ 49. Low energy
- ___ 50. Irritability
- ___ 51. Decreased interest in others
- ___ 52. Decreased interest in things that are usually fun or pleasurable
- ___ 53. Feelings of hopelessness about the future
- ___ 54. Feelings of helplessness or powerlessness
- ___ 55. Feeling dissatisfied or bored
- ___ 56. Excessive guilt
- ___ 57. Suicidal feelings
- ___ 58. Crying spells
- ___ 59. Lowered interest in things usually considered fun
- ___ 60. Sleep changes (too much or too little)
- ___ 61. Appetite changes (too much or too little)
- ___ 62. Chronic low self-esteem
- ___ 63. Negative sensitivity to smells/odors
- ___ 64. Frequent feelings of nervousness or anxiety
- ___ 65. Panic attacks
- ___ 66. Symptoms of heightened muscle tension (headaches, sore muscles, hand tremor)
- ___ 67. Periods of heart pounding, rapid heart rate or chest pain
- ___ 68. Periods of trouble breathing or feeling smothered
- ___ 69. Periods of feeling dizzy, faint or unsteady on your feet
- ___ 70. Periods of nausea or abdominal upset
- ___ 71. Periods of sweating, hot or cold flashes
- ___ 72. Tendency to predict the worst
- ___ 73. Fear of dying or doing something crazy
- ___ 74. Avoid places for fear of having an anxiety attack
- ___ 75. Conflict avoidance
- ___ 76. Excessive fear of being judged or scrutinized by others
- ___ 77. Persistent phobias
- ___ 78. Low motivation
- ___ 79. Excessive motivation
- ___ 80. Tics (motor or vocal)
- ___ 81. Poor handwriting
- ___ 82. Quick startle
- ___ 83. Tendency to freeze in anxiety provoking situations
- ___ 84. Lacks confidence in their abilities
- ___ 85. Seems shy or timid
- ___ 86. Easily embarrassed
- ___ 87. Sensitive to criticism
- ___ 88. Bites fingernails or picks skin
- ___ 89. Short fuse or periods of extreme irritability
- ___ 90. Periods of rage with little provocation
- ___ 91. Often misinterprets comments as negative when they are not
- ___ 92. Irritability tends to build, then explodes, then recedes, often tired after a rage
- ___ 93. Periods of spaciness or confusion
- ___ 94. Periods of panic and/or fear for no specific reason
- ___ 95. Visual or auditory changes, such as seeing shadows or hearing muffled sounds
- ___ 96. Frequent periods of deja vu (feelings of being somewhere you have never been)
- ___ 97. Sensitivity or mild paranoia
- ___ 98. Headaches or abdominal pain of uncertain origin

Name: _____

- ____ 99. History of a head injury or family history of violence or explosiveness
____ 100. Dark thoughts, may involve suicidal or homicidal thoughts
____ 101. Periods of forgetfulness or memory problems

Learning Disability Child/Teen Screening Questionnaire

Please have the child or teen rate themselves on each of the symptoms listed below using the following scale. If there are questions not appropriate to age put NA. Also, please have another person who knows the child/teen well (such as a parent, tutor or teacher) rate the child/teen as well. List other person _____

0	1	2	3	4	NA
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable/Not Known

Ch/Tn Parent/Other

Reading

- ____ 1. I am a poor reader.
____ 2. I do not like reading.
____ 3. I make mistakes when reading like skipping words or lines.
____ 4. I read the same line twice.
____ 5. I have problems remembering what I read even though I have read all the words.
____ 6. I reverse letters when I read (such as b/d, p/q).
____ 7. I switch letters in words when reading (such as god and dog).
____ 8. My eyes hurt or water when I read.
____ 9. Words tend to blur when I read.
____ 10. Words tend to move around the page when I read.
____ 11. When reading I have difficulty understanding the main idea or identifying important details from a story.

Writing

- ____ 12. I have "messy" handwriting.
____ 13. My work tends to be messy.
____ 14. I prefer print rather than writing in cursive.
____ 15. My letters run into each other or there is no space between words.
____ 16. I have trouble staying within lines.
____ 17. I have problems with grammar or punctuation.
____ 18. I am a poor speller.
____ 19. I have trouble copying off the board or from a page in a book.
____ 20. I have trouble getting thoughts from my brain to the paper.
____ 21. I can tell a story but cannot write it.

Body Awareness/ Spatial Relationships

- ____ 22. I have trouble with knowing my left from my right.
____ 23. I have trouble keeping things within columns or coloring within lines.
____ 24. I tend to be clumsy, uncoordinated.
____ 25. I have difficulty with eye hand coordination.
____ 26. I have difficulty with concepts such as up, down, over or under.
____ 27. I tend to bump into things when walking.

Oral Expressive language

- ____ 28. I have difficulty expressing myself in words.
____ 29. I have trouble finding the right word to say in conversations.
____ 30. I have trouble talking around a subject or getting to the point in conversations.

Name: _____

Receptive language

- ___ ___ 31. I have trouble keeping up or understanding what is being said in conversations.
- ___ ___ 32. I tend to misunderstand people and give the wrong answers in conversations.
- ___ ___ 33. I have trouble understanding directions people tell me.
- ___ ___ 34. I have trouble telling the direction sound is coming from.
- ___ ___ 35. I have trouble filtering out background noises.

Math

- ___ ___ 36. I am poor at basic math skills for my age (adding, subtracting, multiplying and dividing)
- ___ ___ 37. I makes “careless mistakes” in math.
- ___ ___ 38. I tend to switch numbers around.
- ___ ___ 39. I have difficulty with word problems.

Sequencing

- ___ ___ 40. I have trouble getting everything in the right order when I speak.
- ___ ___ 41. I have trouble telling time.
- ___ ___ 42. I have trouble using the alphabet in order.
- ___ ___ 43. I have trouble saying the months of the year in order.

Abstraction

- ___ ___ 44. I have trouble understanding jokes people tell me.
- ___ ___ 45. I tend to take things too literally.

Organization

- ___ ___ 46. My notebook/paperwork is messy or disorganized.
- ___ ___ 47. My room is messy.
- ___ ___ 48. I tend to shove everything into my backpack, desk or closet.
- ___ ___ 49. I have multiple piles around my room.
- ___ ___ 50. I have trouble planning my time.
- ___ ___ 51. I am frequently late or in a hurry.
- ___ ___ 52. I often do not write down assignments or tasks and end up forgetting what to do.

Memory

- ___ ___ 53. I have trouble with my memory.
- ___ ___ 54. I remember things from long ago but not recent events.
- ___ ___ 55. It is hard for me to memorize things for school or work.
- ___ ___ 56. I know something one day but do not remember it to the next.
- ___ ___ 57. I forget what I am going to say right in the middle of saying it.
- ___ ___ 58. I have trouble following directions that have more than one or two steps.

Social Skills

- ___ ___ 59. I have few or no friends.
- ___ ___ 60. I have trouble reading body language or facial expressions of others.
- ___ ___ 61. My feelings are often or easily hurt.
- ___ ___ 62. I tend to get into trouble with friends, teachers, parents or bosses.
- ___ ___ 63. I feel uncomfortable around people I do not know well.
- ___ ___ 64. I am teased by others.
- ___ ___ 65. Friends do not call and ask me to do things with them.
- ___ ___ 66. I do not get together with others outside of school or work.

