



### BEHAVIOR QUESTIONNAIRE

<p><b>Mental and Emotional Attributes:</b> (Check all that apply)</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Anxiety</li><li><input type="checkbox"/> Hypersensitivity</li><li><input type="checkbox"/> Negativity</li><li><input type="checkbox"/> Aggressive behavior</li><li><input type="checkbox"/> Controlling behavior</li><li><input type="checkbox"/> Perfectionism (fear of failure)</li><li><input type="checkbox"/> Phobias</li><li><input type="checkbox"/> Dislikes change</li><li><input type="checkbox"/> Unable to accept criticism</li><li><input type="checkbox"/> Difficulty making decisions</li><li><input type="checkbox"/> Short term memory difficulties</li><li><input type="checkbox"/> Focus difficulties</li><li><input type="checkbox"/> Fight or Flight tendencies</li><li><input type="checkbox"/> Likes to be center of attention</li><li><input type="checkbox"/> Sensory Seeking</li><li><input type="checkbox"/> Non-verbal</li><li><input type="checkbox"/> Other: _____</li></ul>	<p><b>Physical Attributes:</b> (Check all that apply)</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Poor balance</li><li><input type="checkbox"/> Poor coordination (difficulty playing games with balls)</li><li><input type="checkbox"/> Poor muscle tone</li><li><input type="checkbox"/> Poor standing posture</li><li><input type="checkbox"/> Slumped sitting posture</li><li><input type="checkbox"/> Clumsy</li><li><input type="checkbox"/> Poor manual dexterity</li><li><input type="checkbox"/> Toe walking</li><li><input type="checkbox"/> Drooling</li><li><input type="checkbox"/> Tends to need to look at speaker to understand</li><li><input type="checkbox"/> Poor endurance</li><li><input type="checkbox"/> Poor depth perception</li><li><input type="checkbox"/> Flat footed</li><li><input type="checkbox"/> Fidgety</li><li><input type="checkbox"/> Other: _____</li></ul>
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<p><b>Meltdown Triggers</b> (Check all that apply)</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Loud noise or music</li><li><input type="checkbox"/> Repetitive Sounds</li><li><input type="checkbox"/> Transitions</li><li><input type="checkbox"/> Lighting</li><li><input type="checkbox"/> Being told NO</li><li><input type="checkbox"/> Unwanted Attention</li><li><input type="checkbox"/> Allergies</li><li><input type="checkbox"/> Irregular Sleep</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Changes in routine</li><li><input type="checkbox"/> Communication difficulties</li><li><input type="checkbox"/> Overstimulation</li><li><input type="checkbox"/> Touching</li><li><input type="checkbox"/> Frustration</li><li><input type="checkbox"/> Textures</li><li><input type="checkbox"/> Information Overload</li><li><input type="checkbox"/> Task performance demands</li><li><input type="checkbox"/> Other _____</li></ul>
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1.) What techniques do you use to address a melt-down when it takes place?

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2.) Are there particular topics or sensory stimulus that heighten anxiety or sensitivity? What activities tend to cause overstimulation?

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3.) What kind of reinforcers or reward systems do you use to increase motivation?

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4.) Are there any signs or non-verbal clues that I need to know about that will help me communicate better?

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5.) Please let us know anything else about your child's emotions and behavior that you think might be helpful.

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