# BEHAVIORAL INTERVIEW
## Ken Tellerman M.D.

**Name:_____ Age:_____**
**Birthdate:_____ Date of Evaluation:_____**
**School:_____ Grade:_____ Number of classmates_____**
**Informant(s):_____ Counseling Time:_____**

**What are your major concerns?**

**BEHAVIORAL INVENTORY:** **(Common behavioral clusters)**

**Attention Deficit Hyperactivity Disorder**

- **Attention span/ daydreams**
- **Distractibility**
- **Difficulty following directions/ not listening well**
- **Hyperactivity/ fidgety/ talks excessively**
- **Impulsivity (not waiting turn, butts in, blurts out answers)**
- **Organization (space/time/planning) – loses things/ notebook/bedroom**
- **Inconsistency of performance**

**Oppositional**

- **Defiant/quarrelsome/angry**
- **Temper tantrums**
- **Doesn't listen/uncooperative**

**Conduct Disorder**

- **Lying**
- **Stealing/shoplifting/ violation of rules/ law**
- **Destructive behaviors (i.e. careless/ intentional)**
- **Truancy**
- **Aggressive behavior/ Bullying**
- **Animal cruelty/ Fire setting**

**Acute Stressors (moves, new sibling, new job, illness, death, divorce, separation, bullying)**

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**Depression**

- **Sadness/ moodiness/ irritability**
- **Appetite change**
- **Activity (hyperactivity, psychomotor retardation/ impaired concentration)**
- **Sleep disturbance (sleeps too much/ insomnia/day-night reversal)**
- **Suicidal ideation/ prior attempts**
- **Risk taking behaviors (substance abuse, sexual promiscuity, runaway, driving while impaired)**

**Bipolar Disorder**

- **Cycles of mania/ agitation/ non- stop talk/ cycles of depression/insomnia**

**Anxiety**

- **Worries a lot/ nervous/ high strung/ perfectionistic**
- **Separation anxiety/ school refusal**
- **Phobias /social anxiety**
- **Obsessive/compulsive (repeated rituals/ thoughts)**
- **Panic attacks**
- **Somatic symptoms (headaches, abdominal pain, sleep problems)**

**Global Developmental Delay/ Autism/ PDD/ Asperger's**

**Rocking/ Head banging/ Eye contact/**
**Stereotypic behaviors ( hand flapping/ twirling)/ ritualistic behaviors**
**Language problems / pragmatics/ socialization delays**

**Temperament/ Sensory Processing**

**Intense/negative/moody/rigid/trouble with transitions/ "slow to warm up"**
**Over-reacts to sensory stimulation (sounds, noise, smells, clothing, food, visual stimuli, malls, crowds, etc.)**

**Elimination Disorders**

**Enuresis**
**Encopresis**

**Sleep**

**Trouble falling asleep/ insomnia/ excessive / day-night reversal**
**Snoring/ obstructive sleep apnea**

_____
_____

**Eating Disorders (anorexia/ bulimia)**

**Substance Abuse (drugs/ alcohol)**

**Other**_____
_____
_____
_____
_____
_____
_____
_____

**School / Grade/ (learning difficulty/ behavior problems/ prior grades/ homework psycho-educational testing/ resource help)**

_____
_____
_____
_____
_____
_____
_____
_____

**Prior Evaluations:**

_____
_____
_____

**PAST MEDICAL HISTORY:**

**Perinatal: (pregnancy/ birth hx/ neonatal hx)**

**Developmental milestones:**

**Sat alone**
**Crawled**
**Walked**
**Talked (first words)**
**Talked (short sentences)**
**Toilet trained**
**Was development different from other siblings or children?**

**Gross/ Fine motor skills (clumsy/ tie shoes/ buttoning/ handwriting)**

**Past Medical Health:**

**Medical (seizures/ head injury/ lead toxicity/ hearing or vision problems)**

**Surgical**
**Hospitalization**
**Trauma**
**Allergies**
**Medications**
**Immunizations**
**Complementary medicine**
**Cardiac history (structural problems/ murmurs/ chest pain/ dizziness/ syncope/ SOB/ arrhythmias/ palpitations)**
**Tics (motor/vocal (grunting, sniffing, coughing)**
**Obstructive sleep apnea/ snoring**
**Seizures (staring episodes)**
**Other**

**FAMILY HISTORY:**

**A. Mother**

1. **Age**
2. **State of health**
3. **Education (grade completed)**
4. **Learning/behavior problems in school**
5. **Occupation**

**B. Father**

1. **Age**
2. **State of health**
3. **Education (grade completed)**
4. **Learning/behavior problems in school**
5. **Occupation**

**C. Siblings**

1. **Age**
2. **State of health**
3. **School performance/behaviors**

**D. Anyone in family with:**

1. **Learning problems**
2. **Hyperactivity or attention problems**
3. **Emotional problems (depression/ suicide, anxiety, bipolar disorder, schizophrenia, substance abuse)**
4. **Autism/ PDD/ Asperger's**
4. **Tourette Syndrome/tics**
5. **Cardiac problems (arrythmias/ sudden deaths/ cardiomyopathy)**

6. **Other**

**SOCIAL HISTORY:**

**Who does child live at home with?**

_____
_____
_____
_____

**Are there any family problems? (marital, financial, substance abuse, domestic violence, communication between family members)**

_____
_____
_____
_____

**How does child get along with:**

**Parents/ step-parents/ grandparents? (parents work together on discipline?)**

_____
_____
_____
_____

**Siblings?**

_____
_____
_____
_____

**Peers? (bossy, aggressive, annoying, shy or withdrawn, bullying- victim or perpetrator? inappropriately touches others/ poor boundaries )**
**(plays with children ___same age ___younger ___older?)**
**(acts ___ own age ___younger ___older)**

**Media (computers, video games, TV, cell phones)**

_____
_____
_____
_____

**Driving?**_____

**What are your child's strengths? What does your child do well? What do you like about your child?**

**What do you think is going on? Do you feel your child's problems are primarily:**

**Learning difficulty ____**
**Attention/hyperactivity ____**
**Emotional ____**
**Family problems ____**
**Teacher/child (personality conflict, poor teaching) ____**
**Other ____**

**Additional concerns? Anything not yet discussed?**

**What are your thoughts about medication? What have you read or heard?**

**DIAGNOSIS:**

**RECOMMENDATIONS:**

**Educational Accomodations (preferential seating/break material into subunits/extra time/decrease work load/repeat directions/organizational assistance/ allow out of seat)**

**_____ 504 plan letter**

**_____ tutor**

**_____ resource help**

**_____ daily report card/ email**

**_____ other (speech/ OT/ PT)**

**Psychosocial**

**_____ psychoeducational testing**

**_____ counseling**

**_____ behavior plan**

**_____ other**

**Social**

**_____ social skills group**

**_____ peer activities (sports/clubs/scouts groups/camp/volunteering)**

**_____ other**

**Medical**

**_____ comorbidities/other medical conditions**

**_____ medication**

**_____ psychiatry referral**

**Followup**_____
_____

**Miscellaneous Recommendations/ Books/Websites/ Support groups (e.g. CHADD)**

_____
_____
_____
_____