



BABI PEDIATRICS

Bassam Babi, MD

Parent to Complete

Name:

Date:

Meds:

Directions: Circle the appropriate number to describe your child's behavior.

Behavior	Not at All				Very Much			
1. Trouble Sleeping	0	1	2	3	4	5	6	7
2. Nightmares	0	1	2	3	4	5	6	7
3. Stores a lot/daydreams	0	1	2	3	4	5	6	7
4. Talks less with others	0	1	2	3	4	5	6	7
5. Uninterested In others	0	1	2	3	4	5	6	7
6. Decreased appetite	0	1	2	3	4	5	6	7
7. Irritable	0	1	2	3	4	5	6	7
8. Stomachaches	0	1	2	3	4	5	6	7
9. Headaches	0	1	2	3	4	5	6	7
10. Drowsiness	0	1	2	3	4	5	6	7
11. Sad/Unhappy	0	1	2	3	4	5	6	7
12. Prone to Crying	0	1	2	3	4	5	6	7
13. Anxious	0	1	2	3	4	5	6	7
14. Bites his/her nails	0	1	2	3	4	5	6	7
15. Unusually happy	0	1	2	3	4	5	6	7
16. Dizziness	0	1	2	3	4	5	6	7