

How are things?

Date: / / **20**

Time: h m

Please put a circle around the word that shows how often each of these things happen to your child.
There are no right or wrong answers.

		0	1	2
1	My child is angry and resentful	Not true	Somewhat true	Certainly true
2	Child loses their temper	Not true	Somewhat true	Certainly true
3	My child blames others for his or her mistakes or misbehaviour	Not true	Somewhat true	Certainly true
4	My child argues with adults	Not true	Somewhat true	Certainly true
5	My child actively defies or refuses to comply with adults' requests or rules	Not true	Somewhat true	Certainly true
6	My child deliberately annoys people	Not true	Somewhat true	Certainly true
7	My child is spiteful or vindictive	Not true	Somewhat true	Certainly true
8	My child is touchy or easily annoyed by others	Not true	Somewhat true	Certainly true

Relationship to child/ young person (tick below):

Mother

Father

Other (please specify):

.....

NHS ID:

.....

Service allocated
case ID

.....

SUM:

