

Date:

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Behavioral Questionnaire

Please fill out the following form if you feel that your child has any behavioral concerns that you would like to bring to the medical team's attention for their admission.

1. What is the best way to communicate with your child? (For example: talking to them, using sign language, writing it down, picture exchange system, assistive technology)

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2. When your child shows signs of anxiety or agitation, what are helpful techniques that you use at home to help him/her calm down?

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3. What helps your child to stay calm during medical procedures? (For example: distraction, music, lights, sounds and or touch, etc.)?

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4. Are there specific behaviors that your child displays that we should know about? (For example: fixation on objects, rocking back and forth, etc)?

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5. Does your child have any sensitivity to noise or touch that we should be aware of during this hospital stay?

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Date:

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