



ESSENCE-Q-REV (Gillberg C 2012)



Name of child:	
-----------------------	--

Age:		Completed by:	
Sex:		Date:	

Please take a few minutes to read and check the following items.

- ❖ **Y= Yes**
- ❖ **M/AL = Maybe/A little**
- ❖ **N= No**

Have you (or anybody else, who? _____) been concerned for more than a few months regarding child's

1. General development
2. Motor development/ milestones
3. Sensory reactions (e.g. touch, sound, light, smell, taste, heat, cold, pain)
4. Communication/language/ babble
5. Activity (overactivity/passivity) or impulsivity
6. Attention/concentration/ "listening"
7. Social interaction/interest in other children
8. Behaviour (e.g. repetitive, routine insistence)
9. Mood (depressed, elated/manic, extreme irritability, crying spells)
10. Sleep
11. Feeding
12. "Funny spells"/ absences

If Y or M/AL to any of the above, please elaborate briefly here:
