



# ESSENCE-Q Child English

Name of child .....

Age of child.....

Sex of child.....

Child's date of birth.....

Completed by.....

Relationship to the child.....

Date of submission.....

❖ Please take a few minutes to read the following items and write Y, M/AL, or N in the box that is most applicable for item.

❖ Y= Yes

❖ M/AL = Maybe/A little

❖ N= No

Have you or anybody else been concerned for more than a few months regarding the child's:

	Y	M/AL	N
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 “Yes” or “Maybe/A little” to any of the above, please elaborate briefly here: