

This questionnaire is designed to help you explore some of the concerns you already have for your loved one, child or friend. We hope you find this questionnaire useful as you discuss your concerns with a pediatrician, physician or therapist. This document may also provide you with the words to begin a conversation with the sufferer in your life. Please note that AKFSA has no ability to record your responses.

Respond to each statement with one of the following:

NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS
He/she whines or throws fits before situations that involve being the center of attention.				
0	0	0	0	0
He/she does not speak immediate family.	< in certain situations or aroun	d certain people even though h	e/she speaks freely at home	with just the
0	0	0	0	0
He/she becomes visibly nervous and anxious when interacting with other children.				
0	0	0	0	0
He/she does not explo	re or interact with other kids i	n social situations, preferring to	o stay close to a parent.	
0	0	0	0	0
He/she displays physic	cal distress (crying, screaming) when separated from a parer	t for any length of time.	
0	0	0	0	0
He/she throws a temp	er tantrum before a performar	ice situation, like a sports gam	e, dance recital or play.	
0	0	0	0	0
He/she is highly dependent on parents, needing a parent to speak for him/her and preferring a parent to be constantly present.				
0	0	0	0	0
He/she is highly deper	ndent on parents, needing a pa	arent to speak for him/her and	preferring a parent to be cons	stantly present.
0	0	0	0	0
He/she yells, cries and immediate family.	l becomes difficult leading up	to situations where there will b	e other children and adults o	utside of the
0	0	0	0	0
He/she chooses to or asks to stay home as opposed to attending a play date or birthday party.				
0	0	0	0	0
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