

# Listening With the Whole Body Questionnaire



Date: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Parents: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt#: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
School Attending: \_\_\_\_\_ Grade/Level \_\_\_\_\_  
Teacher's name: \_\_\_\_\_ School Phone #: \_\_\_\_\_  
Issues of concern at home/at school: \_\_\_\_\_

## BACKGROUND INFORMATION

Complications, illness/infections/stress during pregnancy?  Yes  No  
(describe) \_\_\_\_\_  
Complications during labor and delivery?  Yes  No  
(describe) \_\_\_\_\_  
Forceps / vacuum / C-section?  Yes  No (elaborate) \_\_\_\_\_  
Birth order \_\_\_\_\_ Birth weight \_\_\_\_\_  
Premature/Postmature/Full Term?(circle) Apgar score at 1 minute: \_\_\_\_\_ 5 minutes: \_\_\_\_\_  
Breast Fed?  Yes  No How Long? \_\_\_\_\_ Strong Suck?  Yes  No Spit up frequently?  Yes  No  
Problems with Feeding/Respiration/Sleeping? (circle)  
(describe) \_\_\_\_\_  
Irritable/Happy/Quiet (circle) Baby? Did baby arch back & head when upset?  Yes  No

## DEVELOPMENTAL MILESTONES:

Please note approximate age at which he/she did the following:

Sat _____	Belly Crawled _____	Crawled _____
Cruised _____	Walked _____	Said first words _____
Talked _____	Toilet trained: _____	Undressed/Dressed self _____
Snaps, zippers, buttons _____	Tied shoes _____	Started Pre-school _____

Ear Infections?  Yes  No (How many, at what ages?) \_\_\_\_\_  
Allergies?  Yes  No (describe) \_\_\_\_\_  
Seizures?  Yes  No (describe) \_\_\_\_\_  
Injuries?  Yes  No (describe) \_\_\_\_\_  
Hospitalizations?  Yes  No (describe) \_\_\_\_\_  
Glasses?  Yes  No (condition) \_\_\_\_\_  
Medications  Yes  No (list) \_\_\_\_\_

Age(s) and sex(es) of siblings: \_\_\_\_\_  
Preferred hand:  Left  Right Age established? \_\_\_\_\_  No hand preference

## Scoring:

Use an **X** to mark items that currently apply to your child, deleting/modifying parts of items as appropriate. Double X (**XX**) items which are of particular concern. Use a **P** to mark items that used to be a problem, but are now resolved. **Leave Blank** if not applicable. Add comments, examples, & additional information on right side of page next to item. Include information reported by teacher concerning school behavior.

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### Vestibular (Movement and Balance)

- \_\_\_\_\_ As infant, tended to arch back when held or moved \_\_\_\_\_
- \_\_\_\_\_ Becomes overly excited after movement activity \_\_\_\_\_
- \_\_\_\_\_ Avoids movement equipment on playground \_\_\_\_\_
- \_\_\_\_\_ Plays only on \_\_\_\_\_ at playground \_\_\_\_\_
- \_\_\_\_\_ Uncomfortable on elevators, escalators, motion sickness \_\_\_\_\_
- \_\_\_\_\_ Excessive dizziness or nausea from swinging, spinning, riding in car \_\_\_\_\_
- \_\_\_\_\_ Avoids activities which require balance \_\_\_\_\_
- \_\_\_\_\_ Avoids activities in which feet leave the ground \_\_\_\_\_
- \_\_\_\_\_ Fear of falling when no real danger exists \_\_\_\_\_
- \_\_\_\_\_ Fear of heights, climbing \_\_\_\_\_
- \_\_\_\_\_ Holds head upright when leaning or bending over; dislikes inversion, such as somersaults \_\_\_\_\_
- \_\_\_\_\_ Dislikes being moved \_\_\_\_\_
- \_\_\_\_\_ Fearful of being tossed in air or turned upside down \_\_\_\_\_
- \_\_\_\_\_ Resists having head tilted backward \_\_\_\_\_
- \_\_\_\_\_ Moves stiffly, as a single unit \_\_\_\_\_
- \_\_\_\_\_ Shakes head vigorously, assumes upside down position frequently \_\_\_\_\_
- \_\_\_\_\_ Difficulty sitting still \_\_\_\_\_
- \_\_\_\_\_ Thrill seeker on playground \_\_\_\_\_
- \_\_\_\_\_ Preoccupied with movement; seeks intense movement: spins, twirls, bounces, jumps, rocks \_\_\_\_\_
- \_\_\_\_\_ Loses balance easily; fearful of challenges to balance \_\_\_\_\_
- \_\_\_\_\_ Poor negotiation on uneven terrain \_\_\_\_\_
- \_\_\_\_\_ Trips easily, clumsy/uncoordinated \_\_\_\_\_
- \_\_\_\_\_ Fearful or hesitant when ascending, descending stairs (seeks hand, railing or walls) \_\_\_\_\_
- \_\_\_\_\_ Poor sense of rhythm i.e. movement \_\_\_\_\_

### Gross Motor Control-Proprioception (Muscle and Joint Awareness/Function)

- \_\_\_\_\_ Difficulty moving slowly or sustaining posture  Loose joints  W-sits \_\_\_\_\_
- \_\_\_\_\_ Appears stiff and awkward in movements, head, neck, and shoulder rigidity \_\_\_\_\_
- \_\_\_\_\_ Clumsy  confused as to how to move body  bumps into things  falls out of chair \_\_\_\_\_
- \_\_\_\_\_ Tends to "lock" major joints for stability \_\_\_\_\_
- \_\_\_\_\_ Reluctant in playground participation, seeks out adults \_\_\_\_\_
- \_\_\_\_\_ Doesn't extend arms when falling to protect head \_\_\_\_\_

- \_\_\_\_\_ Difficulty grading movement, uses  too little,  too much power/force \_\_\_\_\_
- \_\_\_\_\_ Unstable posture, easily thrown off balance \_\_\_\_\_
- \_\_\_\_\_ Tends to slump in chair with rounded back, head forward,  
and neck extended \_\_\_\_\_
- \_\_\_\_\_ Props head on hand or lays head on forearm \_\_\_\_\_
- \_\_\_\_\_  Prefers  Avoids crunchy or chewy foods \_\_\_\_\_
- \_\_\_\_\_ Avoids vibratory devices (barber's clippers, electric toothbrushes) \_\_\_\_\_
- \_\_\_\_\_ Walks on toes frequently \_\_\_\_\_
- \_\_\_\_\_ Drags feet or poor heel-toe pattern when walking \_\_\_\_\_
- \_\_\_\_\_ Wide based stance \_\_\_\_\_
- \_\_\_\_\_ Turns whole body to look at person or object \_\_\_\_\_
- \_\_\_\_\_ Seems weaker or tires more easily than peers \_\_\_\_\_
- \_\_\_\_\_ Appears lethargic \_\_\_\_\_
- \_\_\_\_\_ Seeks sedentary play \_\_\_\_\_
- \_\_\_\_\_ Leans on objects, people for stability \_\_\_\_\_
- \_\_\_\_\_ Weak grasp \_\_\_\_\_
- \_\_\_\_\_ Cannot lift heavy objects, avoids heavy work \_\_\_\_\_
- \_\_\_\_\_ Moves with quick bursts of activity rather than sustained effort \_\_\_\_\_
- \_\_\_\_\_ Achieves standing posture by pushing off floor with hands \_\_\_\_\_
- \_\_\_\_\_ Collapses onto furniture \_\_\_\_\_
- \_\_\_\_\_ Difficulty with  hopping  jumping  skipping  running  
compared to others his age \_\_\_\_\_
- \_\_\_\_\_ Unable to pull up on monkey bars with flexion of arms and legs while  
moving from bar to bar \_\_\_\_\_
- \_\_\_\_\_ Avoids age appropriate participation in group gross motor activities \_\_\_\_\_
- \_\_\_\_\_ Tendency to confuse right and left when following verbal directions \_\_\_\_\_
- \_\_\_\_\_ Resists new physical challenges, saying "I can't" without attempting \_\_\_\_\_
- \_\_\_\_\_ Seeks vibratory stimulation \_\_\_\_\_
- \_\_\_\_\_ Craves tumbling or wrestling \_\_\_\_\_
- \_\_\_\_\_ Frequently gives or requests firm or prolonged hugs \_\_\_\_\_
- \_\_\_\_\_ Plays roughly with people or objects \_\_\_\_\_
- \_\_\_\_\_ Seeks opportunities to fall, crashes into things \_\_\_\_\_
- \_\_\_\_\_ Stamps or slaps feet on ground when walking or kicks heels  
against floor or chair \_\_\_\_\_
- \_\_\_\_\_ Drags hands or bangs object along wall when walking \_\_\_\_\_
- \_\_\_\_\_ Cracks knuckles \_\_\_\_\_
- \_\_\_\_\_ Sets jaw when applying effort with extremities \_\_\_\_\_
- \_\_\_\_\_ Bites or chews objects or clothing, grinds or clenches teeth \_\_\_\_\_
- \_\_\_\_\_ Tactile Function Appears  under  over  sensitive to pain \_\_\_\_\_
- \_\_\_\_\_ As infant, not calmed by cuddling/stroking \_\_\_\_\_
- \_\_\_\_\_ Engages in self-stimulatory behavior(s) List: \_\_\_\_\_
- \_\_\_\_\_ Engages in self-injurious behavior(s). List: \_\_\_\_\_
- \_\_\_\_\_ Tenses when patted affectionately \_\_\_\_\_
- \_\_\_\_\_ Negative reaction to unseen, unexpected touch \_\_\_\_\_
- \_\_\_\_\_ Rubs or scratches a spot that has been touched \_\_\_\_\_
- \_\_\_\_\_ Avoids being barefooted on textured surfaces (grass, sand) \_\_\_\_\_
- \_\_\_\_\_ Excessive reaction to light touch sensation (anxiety, hostility, aggression) \_\_\_\_\_

- \_\_\_\_\_ Unresponsive to being touched or bumped \_\_\_\_\_
- \_\_\_\_\_ Poor awareness of body part relationships \_\_\_\_\_
- \_\_\_\_\_ Hands seem to be unfamiliar appendages \_\_\_\_\_
- \_\_\_\_\_ Unable to identify familiar objects via touch only \_\_\_\_\_
- \_\_\_\_\_ Wears minimal clothes, regardless of weather \_\_\_\_\_
- \_\_\_\_\_ Examines objects by placing in mouth \_\_\_\_\_
- \_\_\_\_\_ Stands too close to people to the point of irritation \_\_\_\_\_
- \_\_\_\_\_ Touches everything, can't keep hands to self \_\_\_\_\_
- \_\_\_\_\_ Difficulty standing in line or close to other people \_\_\_\_\_
- \_\_\_\_\_ Avoids putting hands in messy substances/getting dirty \_\_\_\_\_
- \_\_\_\_\_ Resistive to personal grooming activities such as  
haircut, nail trimming, dentist, other \_\_\_\_\_
- \_\_\_\_\_ Avoids certain textures of clothing, materials \_\_\_\_\_
- \_\_\_\_\_ Frequently adjusts clothing as if feeling uncomfortable \_\_\_\_\_
- \_\_\_\_\_ Clothes cover entire body, regardless of weather \_\_\_\_\_
- \_\_\_\_\_ Socks have to be just right: no wrinkles or twisted seams \_\_\_\_\_
- \_\_\_\_\_ Untidy/messy dresser \_\_\_\_\_
- \_\_\_\_\_ Shoes worn loose or untied, or on wrong feet \_\_\_\_\_
- \_\_\_\_\_ Extreme reaction to tickling \_\_\_\_\_
- \_\_\_\_\_ Difficulty identifying which body part touched without vision \_\_\_\_\_
- \_\_\_\_\_ Hyper-responsive gag reflex \_\_\_\_\_
- \_\_\_\_\_ Picky eater. List food preferences: \_\_\_\_\_
- \_\_\_\_\_ Limits self to particular foods/temperatures. List: \_\_\_\_\_
- \_\_\_\_\_ Likes to be wrapped tightly in sheet or blanket, seeks tight spaces \_\_\_\_\_
- \_\_\_\_\_ Avoids busy, unpredictable environments \_\_\_\_\_
- \_\_\_\_\_ Intent on controlling/manipulating to keep environment predictable \_\_\_\_\_

## Auditory

- \_\_\_\_\_ Orients adaptively to sound \_\_\_\_\_
- \_\_\_\_\_ Startles easily \_\_\_\_\_
- \_\_\_\_\_ Responds to sounds with wide open eyes and flared nostrils \_\_\_\_\_
- \_\_\_\_\_ Overly sensitive to loud sounds or noises \_\_\_\_\_
- \_\_\_\_\_ Overreacts to unexpected noises \_\_\_\_\_
- \_\_\_\_\_ Irrational fear of noisy appliances \_\_\_\_\_
- \_\_\_\_\_ Covers ears to shut out objectionable auditory input \_\_\_\_\_
- \_\_\_\_\_ Hears sounds others don't hear, or before others notice \_\_\_\_\_
- \_\_\_\_\_ Sensitive to certain voice pitches \_\_\_\_\_
- \_\_\_\_\_ "Tunes out" or ignores sounds nearby \_\_\_\_\_
- \_\_\_\_\_ Attends to auditory input less than a few seconds \_\_\_\_\_
- \_\_\_\_\_ Unable to pay attention when there are other sounds nearby,  
easily distracted sounds \_\_\_\_\_
- \_\_\_\_\_ Poor articulation, language hard to understand \_\_\_\_\_
- \_\_\_\_\_ Flat, monotonous voice \_\_\_\_\_
- \_\_\_\_\_ Can only work with  stereo,  TV on \_\_\_\_\_
- \_\_\_\_\_ Needs visual cue to respond to verbal commands or requests \_\_\_\_\_
- \_\_\_\_\_ Needs increased volume to respond \_\_\_\_\_

- \_\_\_\_\_ Doesn't turn & look when name is called \_\_\_\_\_
- \_\_\_\_\_ Does not attend to what said more than 1/2 of the time \_\_\_\_\_
- \_\_\_\_\_ Fidgets while listening \_\_\_\_\_
- \_\_\_\_\_ Avoids eye contact while listening \_\_\_\_\_
- \_\_\_\_\_ Quickly forgets what has been said \_\_\_\_\_
- \_\_\_\_\_ Forgets daily routines \_\_\_\_\_
- \_\_\_\_\_ Struggles when attempting to repeat rhythmic sound sequences \_\_\_\_\_
- \_\_\_\_\_ Poor learning through verbal instruction \_\_\_\_\_
- \_\_\_\_\_ Difficulty relating what is seen to what is heard \_\_\_\_\_
- \_\_\_\_\_ Often misunderstands what you say \_\_\_\_\_
- \_\_\_\_\_ Has difficulty remembering:  melodies  names \_\_\_\_\_
- \_\_\_\_\_ Confuses similar sounding words, has difficulty with phonetics \_\_\_\_\_
- \_\_\_\_\_ Doesn't seem to hear the  beginning  middle  ending of statements \_\_\_\_\_
- \_\_\_\_\_ Frequently asks you to repeat what you have said \_\_\_\_\_
- \_\_\_\_\_ Unable to sing in tune \_\_\_\_\_
- \_\_\_\_\_ Hums, sings softly, "self-talks" through a task \_\_\_\_\_
- \_\_\_\_\_ Mispronounces words (bisghetti, mazagine, etc.) \_\_\_\_\_
- \_\_\_\_\_ Voice volume  too soft  too loud \_\_\_\_\_
- \_\_\_\_\_ Slow or delayed responses to verbal instruction \_\_\_\_\_
- \_\_\_\_\_ Difficulty sequencing the order of events when telling a story/describing  
an event/repeating what you have said \_\_\_\_\_
- \_\_\_\_\_ Word finding difficulty, hesitant speech \_\_\_\_\_
- \_\_\_\_\_ Tendency to stutter \_\_\_\_\_
- \_\_\_\_\_ Not precise in word selection \_\_\_\_\_
- \_\_\_\_\_ Limited use of descriptive vocabulary \_\_\_\_\_
- \_\_\_\_\_ Spatial aspects of language are difficult \_\_\_\_\_
- \_\_\_\_\_ Participates little in conversations \_\_\_\_\_
- \_\_\_\_\_ Enjoys strange noises, repeats same sounds over and over \_\_\_\_\_
- \_\_\_\_\_ Seeks out toys, other objects which make sound \_\_\_\_\_
- \_\_\_\_\_ Craves music, other specific sounds \_\_\_\_\_

## Oculo-Motor Control & Visual Perception

- \_\_\_\_\_ Poor depth perception, examples: ducks when ball approaches,  
difficulty with stairs \_\_\_\_\_
- \_\_\_\_\_ Poor awareness of space in relation to things around self \_\_\_\_\_
- \_\_\_\_\_ Overly sensitive to lights/sunlight \_\_\_\_\_
- \_\_\_\_\_ Difficulty tracking a moving target without head movement \_\_\_\_\_
- \_\_\_\_\_ Poor visual monitoring of hand when manipulating objects \_\_\_\_\_
- \_\_\_\_\_ Poor eye contact \_\_\_\_\_
- \_\_\_\_\_ Dislikes having vision occluded or being in the dark \_\_\_\_\_
- \_\_\_\_\_  Squints  bloodshot eyes  eyes tear  raises eyebrows  rubs eyes \_\_\_\_\_
- \_\_\_\_\_ Gets lost easily, has a poor sense of direction \_\_\_\_\_
- \_\_\_\_\_ Poor visual monitoring of environment \_\_\_\_\_
- \_\_\_\_\_ Hyper vigilant or visually distracted \_\_\_\_\_
- \_\_\_\_\_ Difficulty with puzzles \_\_\_\_\_
- \_\_\_\_\_ Dislikes drawing \_\_\_\_\_

- \_\_\_\_\_ Difficulty finding objects in complex background \_\_\_\_\_
- \_\_\_\_\_ Over-stimulated by busy visual environment \_\_\_\_\_
- \_\_\_\_\_ Keeps eyes too close to work \_\_\_\_\_
- \_\_\_\_\_  Tilts head  props head  lays head on arm when sitting at table \_\_\_\_\_
- \_\_\_\_\_ Uses peripheral more than central vision \_\_\_\_\_
- \_\_\_\_\_ So visually focused that does not monitor periphery/surround \_\_\_\_\_

**FINE MOTOR CONTROL**

- \_\_\_\_\_ Poor desk posture (slumps, leans on arm, head too close to work, tilts head to side)\_
- \_\_\_\_\_ Difficulty grasping, maneuvering scissors \_\_\_\_\_
- \_\_\_\_\_ Difficulty cutting on lines\_
- \_\_\_\_\_ Difficulty  drawing  coloring  tracing  copying  avoidance of these activities \_\_\_\_\_
- \_\_\_\_\_ Difficulty using both hands to:  do same movement,  do different movement with each hand \_\_\_\_\_
- \_\_\_\_\_ Excessive body movement while seated at desk \_\_\_\_\_
- \_\_\_\_\_ Pencil lines are  too heavy  light  wobbly \_\_\_\_\_
- \_\_\_\_\_ Difficulty for age drawing forms, letters, numbers \_\_\_\_\_
- \_\_\_\_\_ Pencil grasp is  immature  too tight  too loose \_\_\_\_\_
- \_\_\_\_\_ Changes grasp pattern on pencil and other tools \_\_\_\_\_
- \_\_\_\_\_ Atypical alignment of the paper while drawing or writing \_\_\_\_\_
- \_\_\_\_\_ Does not stabilize paper when drawing or writing \_\_\_\_\_
- \_\_\_\_\_ Difficulty coloring within lines \_\_\_\_\_
- \_\_\_\_\_ Difficulty managing fasteners and tying shoes \_\_\_\_\_

**Motor Planning and Bilateral Motor Coordination**

- \_\_\_\_\_ Poor body scheme awareness \_\_\_\_\_
- \_\_\_\_\_ Immature ability to draw a person \_\_\_\_\_
- \_\_\_\_\_ Inefficient/disorganized with self-help skills \_\_\_\_\_
- \_\_\_\_\_ Ambidexterity/mixed hand dominance \_\_\_\_\_
- \_\_\_\_\_ Difficulty crossing body midline with head or extremities \_\_\_\_\_
- \_\_\_\_\_ Accident prone \_\_\_\_\_
- \_\_\_\_\_ Limited rotation of pelvis and/or shoulder girdle around central core of body \_\_\_\_\_
- \_\_\_\_\_ Poor coordination of hands and/or legs for  symmetrical  asymmetrical movements \_\_\_\_\_
- \_\_\_\_\_ Difficulty performing a new as opposed to a habitual, motor response strategy \_\_\_\_\_
- \_\_\_\_\_ Disorganized or inefficient approach to tasks \_\_\_\_\_
- \_\_\_\_\_ Poor articulation \_\_\_\_\_
- \_\_\_\_\_ Unable to conceive and organize a plan of action \_\_\_\_\_
- \_\_\_\_\_  Poor gross  fine motor control of body when attempting new activities \_\_\_\_\_
- \_\_\_\_\_ Difficulty with verbal cues to move or position body or to play "Simon Says" \_\_\_\_\_
- \_\_\_\_\_ Difficulty positioning self squarely on furniture, equipment \_\_\_\_\_
- \_\_\_\_\_ Poor eye-hand coordination \_\_\_\_\_
- \_\_\_\_\_ Fails to adapt body posture to demands of activity \_\_\_\_\_
- \_\_\_\_\_ Extraneous movement relative to demands of task \_\_\_\_\_
- \_\_\_\_\_ Confuses right and left \_\_\_\_\_

- \_\_\_\_\_ Prefers talking to doing \_\_\_\_\_
- \_\_\_\_\_ Difficulty with  timing  rhythm  sequencing of movements \_\_\_\_\_
- \_\_\_\_\_ Poor eye teaming \_\_\_\_\_
- \_\_\_\_\_ Difficulty performing two different tasks at same time (cut meat with knife and fork, hold and turn paper while cutting with scissors) \_\_\_\_\_
- \_\_\_\_\_ Letter and number reversals \_\_\_\_\_
- \_\_\_\_\_ Poor reading speed and/or comprehension \_\_\_\_\_
- \_\_\_\_\_ Difficulty with projected action sequences (catch a ball, bat a ball) \_\_\_\_\_
- \_\_\_\_\_ Problems in construction and/or manipulation of materials \_\_\_\_\_
- \_\_\_\_\_ Handwriting deficits \_\_\_\_\_

## Emotional/Social Behaviors

- \_\_\_\_\_ Can't sit still, hyperactive \_\_\_\_\_
- \_\_\_\_\_ Impulsive, does not think before acting \_\_\_\_\_
- \_\_\_\_\_ Poor ability to shift gears/self-regulate behavior \_\_\_\_\_
- \_\_\_\_\_ Easily distracted, difficulty staying on task unless doing something of particular interest \_\_\_\_\_
- \_\_\_\_\_ Intense, explosive, prone to tantrums \_\_\_\_\_
- \_\_\_\_\_ Displays aggression  toward self  toward others \_\_\_\_\_
- \_\_\_\_\_  Easily frustrated  anxious  overwhelmed \_\_\_\_\_
- \_\_\_\_\_  Clingy  whiny  cries easily \_\_\_\_\_
- \_\_\_\_\_  Stubborn  inflexible  uncooperative \_\_\_\_\_
- \_\_\_\_\_ Poor eye contact \_\_\_\_\_
- \_\_\_\_\_ Poor self-concept/low self-esteem \_\_\_\_\_
- \_\_\_\_\_ Highly sensitive/can't take criticism \_\_\_\_\_
- \_\_\_\_\_ Feelings of failure/frustration \_\_\_\_\_
- \_\_\_\_\_ Gives up easily \_\_\_\_\_
- \_\_\_\_\_  Poor sleep/wake cycles  Restless  deep  light sleeper \_\_\_\_\_
- \_\_\_\_\_ Difficulty making choices \_\_\_\_\_
- \_\_\_\_\_ Fearful (list): \_\_\_\_\_
- \_\_\_\_\_ \_\_\_\_\_
- \_\_\_\_\_ Unable to adjust to changes in routine \_\_\_\_\_
- \_\_\_\_\_ Slow to, or unable to make timely transitions \_\_\_\_\_
- \_\_\_\_\_ Prefers company of adults or older children \_\_\_\_\_
- \_\_\_\_\_ Prefers to play with younger children \_\_\_\_\_
- \_\_\_\_\_ Easily discouraged or depressed \_\_\_\_\_
- \_\_\_\_\_ Enjoys team sports \_\_\_\_\_
- \_\_\_\_\_ Tends to be  a leader  follower  loner  Poor loser \_\_\_\_\_
- \_\_\_\_\_ Fails to see humor in situations \_\_\_\_\_
- \_\_\_\_\_ Needs more protection from life than peers \_\_\_\_\_
- \_\_\_\_\_ Difficulty expressing emotions verbally \_\_\_\_\_
- \_\_\_\_\_ Overly serious \_\_\_\_\_
- \_\_\_\_\_ Active, outgoing, enthusiastic \_\_\_\_\_