



**Headway Health**

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**Headway Health Questionnaire**

Child's Name \_\_\_\_\_ Date \_\_\_\_\_ pre \_\_\_ post# \_\_\_\_\_

Answers to these questions are not required except for medication usage; however, accurate responses may help us more effectively personally tailor your training program.

Current Medications:

Medication/Dosage	Dates of use	Symptoms of over/under-dose
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Rate your child's everyday stress level on a scale of 0-10 (10 being the worst): \_\_\_\_\_

What would optimum performance feel like to you/your child?

Is your child experiencing any additional symptoms not listed on the "tracking your progress" form that you would like to track?

Does your child currently have a medical/psychiatric diagnosis or are there any past diagnoses you think we should be aware of?

**School / Home Behaviors / Skills:** Rate the following on a scale of 1-10  
(1 = no problem/age appropriate; 10 = very difficult/immature age development)

- Understands/follows directions
- Follows a sequence of 3 or more directions
- Responds appropriately to 3 or more choices
- Difficulty focusing and concentrating in school
- Difficulty sitting still in his/her seat
- Difficulty transitioning from one activity to another
- Easily distracted
- Impulsive behavior without thinking of consequences
- Risky behaviors
- Forgetful
- Loses things
- Easily overwhelmed
- Feelings of impatience or restlessness
- Difficulty completing assigned work
- Organized in his/her work habits
- Accident prone
- Shouts out; can't wait to be called on
- Cooperates/participates in group activities
- Asks questions for clarity/understanding
- Understands other person's emotions (happy, sad, angry)
- Responds appropriately to other people's feelings
- Makes friends of the same age
- Overly sensitive to certain sounds
- Insensitive to pain/heat/cold
- Overreacts to pain
- Unusual gait, such as tiptoe walking
- Avoids touching certain textures such as food, clothing, sticky things
- Dislikes being touched
- Enjoys rough and tumble play
- Frustration or anger tantrums
- Not easily calmed
- Difficult to manage or discipline
- Gets upset when daily routine changes
- Difficulty getting to sleep at night
- Difficulty staying asleep
- Wakes up frequently during the night
- Headaches
- Displays OCD type behaviors (like excessive hand washing)

Seizures \_\_\_\_\_ description \_\_\_\_\_

Other significant factors: \_\_\_\_\_