RDN Participant ID:		Date of Registration: (dd mmm yyyy)	
Local Subject ID:		Status	
Site ID:		Date of Visit	

Does your child currently exhibit any of the following behaviors?			If not currently, have they ever?		If yes, at what age?
Skin picking	O YES	O NO	O YES	O NO	from_____ to _____years
Nail picking	O YES	O NO	O YES	O NO	from_____ to _____years
Nail biting	O YES	O NO	O YES	O NO	from_____ to _____years
Self-mutilation	O YES	O NO	O YES	O NO	from_____ to _____years
Hoarding/saving (not food)	O YES	O NO	O YES	O NO	from _____ to _____years
Food seeking	O YES	O NO	O YES	O NO	from _____ to _____years
Food hiding	O YES	O NO	O YES	O NO	from _____ to _____years
Compulsive ordering/arranging	O YES	O NO	O YES	O NO	from _____ to _____years
Compulsive counting	O YES	O NO	O YES	O NO	from _____ to _____years
Plays with strings	O YES	O NO	O YES	O NO	from _____ to _____ years

If applicable, describe your child's skin picking. (Indicate one)

- O None
- O Until the skin is red/irritated
- O Until the skin bleeds
- O It takes longer than 2 months for lesions to heal

If applicable, how would you rate your child's skin picking?

- O Not a problem
- O Mild
- O Moderate
- O Severe

If your child has a skin-picking problem, have you tried any medication or intervention? O YES O NO

If yes, did this medication or intervention help? O YES O NO

Please describe: _____

_____

Does your child currently exhibit any of the following behaviors?			If not currently, have they ever?		If yes, at what age?
Screaming/yelling	O YES	O NO	O YES	O NO	from ____ to_____ years
Throwing objects	O YES	O NO	O YES	O NO	from ____ to_____ years
Aggressive/violent actions (*e.g., hitting/biting*)	O YES	O NO	O YES	O NO	from ____ to_____ years
Foul language	O YES	O NO	O YES	O NO	from ____ to_____ years
Destructive behavior	O YES	O NO	O YES	O NO	from ____ to_____ years
Threatens to hurt others	O YES	O NO	O YES	O NO	from ____ to_____ years
Tantrums	O YES	O NO	O YES	O NO	from ____ to_____ years
Sexual acting out/ Inappropriate sexual behaviors	O YES	O NO	O YES	O NO	from ____ to ____ years

Does your child currently exhibit any of the following behaviors?			If not currently, have they ever?		If yes, at what age?
Depressed mood	O YES	O NO	O YES	O NO	from _____ to____ years
Anxiety	O YES	O NO	O YES	O NO	from _____ to ____years
Thoughts of hurting him/herself	O YES	O NO	O YES	O NO	from _____ to ____ years
Cries easily	O YES	O NO	O YES	O NO	from _____ to ____ years
Visual hallucinations (seeing things not there)	O YES	O NO	O YES	O NO	from _____ to____ years
Auditory hallucinations (hearing voices)	O YES	O NO	O YES	O NO	from _____ to ____ years
Delusions?	O YES	O NO	O YES	O NO	from _____ to____ years