

TEMPERAMENT QUESTIONNAIRE

Date: _____

Child's Name _____ D.O.B./Age _____
 Completed by _____ Relat. to child: _____

The purpose of this questionnaire is to understand *your child's temperament* (the inborn part of the personality). Ten categories are listed. Behaviors commonly associated with each trait are rated on an easy-difficult spectrum. Look for long-standing features, sometimes present in infancy, but certainly evident by the age of 3. If you are concerned about new problem behavior do not include it. Most parents are upset and worried about their child when they first complete this questionnaire. Because of this they usually exaggerate the difficult behavior. Try to be objective. If a characteristic is long-standing but is now increased, rate it as it is now but put an * next to it.

Use the following rating scale:

- 0= Not at all or just a little (not a problem)
- 1= Sometimes (mild to moderate problem)
- 2= Often (clearly a problem)
- 3= Very often (very much of a problem)
- 4= Nearly always or always (a severe problem)

I. ACTIVITY LEVEL

General statement about degree of movement.

- On the go, can't sit still
- Fidgets, squirms, taps
- Trouble playing quietly
- Resists if confined (eg. seat belt)

II. SELF-CONTROL

Ability to delay action or demands.

- Impulsive, acts without thinking
- Easily overstimulated
- Loses control - can become aggressive
- Does not wait turn, interrupts
- Easily frustrated, impatient
- Behavior is unpredictable

V. REGULARITY

Predictability of physical functions.

- In infancy was hard to put on a sleep schedule
- Erratic sleep patterns
- In infancy was hard to put on a feeding schedule
- Erratic appetite patterns

VI. PERSISTENCE

Single-mindedness, which may be positive or negative.

- Strong-willed
- Stubborn
- Relentless, doesn't give up
- Gets stuck, "locked in"

VII. SENSORY THRESHOLD

Sensitivity to physical stimuli - sound, light, smell, taste, touch, pain, temperature.

- Sensitive to noise
- Sensitive to lights
- Clothes have to feel right; bothered by tags, belts, socks, etc.
- Foods have to smell, taste or feel right (circle one or more)
- Refuses to dress warmly/dresses too warmly (choose one)

III. CONCENTRATION

Ability to maintain focus in the face of distractions.

- Trouble staying focused
- Easily distracted
- Quickly loses interest unless very involved
- Disorganized, loses things
- Forgetful

IV. INTENSITY

The way emotions are expressed.

- Forceful
- Loud
- Overwhelming
- Strong emotions, whether happy, angry, or sad

VIII. INITIAL RESPONSE

Characteristic first reaction.

- Holds back in new situations
- Shrinks from new people
- Doesn't like to try new things
- Seems "unfriendly"

IX. ADAPTABILITY

Tolerance of change.

- Has trouble with transitions
- Doesn't like change, "creature of habit"
- Wants the same clothes or foods
- Inflexible
- Notices if details are not in place

X. PREDOMINANT MOOD

Basic disposition.

- Serious
- Doesn't show excitement openly
- "Glass is half empty"

Go over your answers and make sure they reflect your child's innate nature, not new or recent behavior.

FAMILY QUESTIONS
 Please Answer Yes or No

Jacob P. We, MD
IDENTIFYING INFORMATION

Jacob is a 4½-year-old boy with no prior psychiatric history. He is an only child who lives with his biological parents.

CHIEF COMPLAINT

Jacob is having difficulty with tantrums, defiance, sleep, and separation anxiety. His parents are concerned that he is "unable to control his emotions." When he is frustrated or things do not "go as he planned", he has a temper tantrum. They describe him as a "mama's boy" who does not like to be separated from his mother. His parents are also worried because he complains of fatigue during the day, despite adequate hours of sleep at night. Jacob's pediatrician referred him to the infant/preschool mental health clinic for a comprehensive mental health evaluation.

HISTORY OF PRESENT PROBLEMS

Tantrums and Other Behavioral Problems

Jacob's parents report that Jacob was a "hot-tempered," intense baby whose tantrums started when he was 6 months old. Jacob has frequent (4-10 tantrums each day), violent, and uncontrollable tantrums. According to his mother, on some days the tantrums seem to occur "all day". They can be triggered by frustration or a change in routine, or come "out of the blue." Examples of triggers include the fact that his sock does not fit on his foot the right way, or he wants a blue cup rather than a green cup. He can be happy one moment and then erupt in anger or tears the next moment. When he has a tantrum, Jacob vells, curses, hits his mother, kicks, writhes on the floor, throws objects, bangs his head, and bites himself. Tantrums last from a few minutes to half an hour. They occur primarily at home or when he is out with his parents. Recently, Jacob has been having tantrums with his grandparents and at school.

On certain days, "nothing seems right," and he is irritable, touchy, and easily annoyed by others. On these days, he is also oppositional and defiant, challenging his parents' requests in an angry and rigid manner. As long as "things go his way" and the daily routine remains the same, Jacob can appear happy. His parents often feel that they are "walking on eggshells" because they do not know what will change his mood. Jacob does seem to feel remorseful about his misbehavior and tantrums, particularly if he has been physically aggressive. At times, he will cry inconsolably for an hour or more, saying he is a "bad boy."

Neither his parents nor his teacher reports that Jacob has high levels of hyperactivity or inattention. He is able to sit in his seat at dinner. He does not have difficulty paying attention for sustained periods of time (e.g., doing crafts projects, reading with his parents). Although he interrupts his mother's conversations, intrudes into other children's games, and has trouble waiting his turn, this impulsive and intrusive behavior often seems secondary to (anxiety) or a lack of social skills.

Sleep Problems

Although Jacob goes to bed at 8 P.M. and wakes at 7 A.M., he is always sluggish and tired in the morning. "When he wakes up, he seems as tired as he did when he went to bed," says his mother. He is a restless sleeper. He complains of fatigue during the day and almost always falls asleep in his car seat when in the car for more than 15 minutes, although he no longer takes regular naps. To fall asleep at night, he needs to have his mother lying beside him in his bed. Every night, he goes into his parents' bed and sleeps the rest of the night next to his mother. Jacob does not have difficulty falling asleep, and he has no nightmares, night terrors, or sleepwalking. His teacher notes that he is often sleepy and complains of fatigue at school.

Anxiety

As noted above, Jacob has (difficulty separating from his mother) at night. At home, he (follows his mother from room to room and becomes upset and begins yelling for her if he finds himself alone in a room). At school, he has (difficulty separating from his mother), but after a month of daily crying and clinging, he now separates without as much difficulty. His parents "cannot remember" the last time they went out without Jacob, because he becomes so (distressed when they attempt to leave him with a babysitter). He says that he is (afraid that his parents will not come back). He also has (significant anticipatory worry) repeatedly seeking reassurance from his mother (about upcoming event). He is slow to warm up with unfamiliar adults and children, although he is outgoing and friendly when he gets to know others. His parents do not report obsessive thoughts or compulsions.

MOOD SYMPTOMS

Jacob's mood is often irritable. His parents describe him as "stressed out" but do not feel that he is a "sad kid." His parents do not report appetite or weight changes, anhedonia, fixated talk or play about death or dying, flights of ideas, pressured speech, racing thoughts, hypersexuality, grandiosity, or bizarre or disorganized behavior.

PAST PSYCHIATRIC HISTORY

Jacob has no previous psychiatric history.

MEDICAL HISTORY

Jacob has (seasonal allergies) and a history of (ear infections) but no history of hospitalizations, head injuries, accidents, or significant illnesses. He takes no medications and has no known history of drug allergies.

DEVELOPMENTAL HISTORY

Jacob was born at 42 weeks by cesarean section and weighed 8 lbs 10 oz. He had no difficulties at birth. His mother describes the pregnancy as very stressful because she was on bed rest for the last trimester due to preterm labor. She also had difficulty with breast-feeding.

Jacob met all of his developmental milestones at expected times. His parents describe him as an intense baby who had difficulty with transitions. He has never been a good sleeper. During his first year, he began to bang his head or bite himself when angry or frustrated. No language, gross motor, or fine motor difficulties were noted.

The Peabody Picture Vocabulary Test—Third Edition (Dunn and Dunn 1997) was administered to assess Jacob's receptive vocabulary (i.e., what he understands), which is strongly associated with verbal intelligence. Jacob's standardized score of 121 was in the superior range, the age-equivalent of a child age 6 years 7 months.

SOCIAL HISTORY

Jacob is an only child, as are both parents. His parents (both in their mid-30s) have been married for 15 years. His father works 55–60 hours per week. His mother does not work outside the home. Both parents describe themselves as shy, socially isolated, and "stressed out." Jacob's maternal grandparents live nearby but have become annoyed with Jacob's behaviors and critical of their daughter's parenting. His parents deny a history of major traumas, including physical or sexual abuse.

Jacob attends preschool 5 mornings a week. He enjoys school, although he does not like to say good-bye to his mother in the morning. His teacher notes that Jacob has difficulty controlling his temper, often annoys other children, is often fearful in new situations or with new people, and becomes upset over small changes in routine. Jacob has never been suspended or expelled from school or day care.

His peer relationships are fair. He has very few playdates both because he is not invited to other children's houses and because his mother is concerned about how Jacob might behave if a friend were invited home. He tends to be controlling with peers and will hit or yell if he does not get his way.

FAMILY HISTORY

Jacob's mother has a history of major depression and generalized anxiety. She has been treated effectively in the past with the selective serotonin reuptake inhibitors (SSRIs) Prozac and Paxil. She is not currently taking medication or receiving treatment. The maternal family history is significant for the maternal grandmother's agoraphobia (which was never evaluated or treated). Jacob's father does not report a personal or family history of psychiatric symptoms or treatment. Results of the depression and anxiety screenings of both parents during Jacob's evaluation suggest that his mother currently has clinically significant levels of depressive and anxiety symptoms.

MENTAL STATUS EXAMINATION

Jacob was observed during two sessions. Jacob is a cute and articulate 4-year-old boy who was cooperative but initially wary when he met the interviewer. After this initial hesitancy, he had good eye contact with the interviewer. By the end of the session, he was smiling and engaged, although he preferred to remain physically close to his mother and repeatedly checked in with her visually. The interviewer observed Jacob's many strengths (i.e., intelligence, curiosity, enthusiasm, cooperativeness, warmth), as well as his mother's strengths as a parent (i.e., warm, supportive). Jacob's and his mother's interactions were mutually warm and close. Although he clearly enjoyed playing with her, he also seemed worried about doing things correctly. When putting together a puzzle with her, he repeatedly asked her if he had put the piece in the right place despite her supportive reassurance. He was able to separate from his mother, but his affect became anxious and sad while she was gone, and he complained of feeling tired. He was visibly relieved when she returned. He said that he was a "happy kid" except that he is "sad" when he is "bad." He said that he is afraid of being alone in the house. He worries that something bad will happen to his mother. At the end of the session, he became physically exuberant, although not disruptive. He was able to leave the playroom without difficulty.

DIAGNOSTIC POSSIBILITIES

1. SEPARATION ANXIETY
2. MOOD DISORDER UNSPECIFIED (DUE TO 7 TEMPERAMENTAL TRAITS)

Temperament Chart (2014)

Trait	Description	Label	Intervention
Activity Level	On the go, can't sit still, fidgets, trouble playing quietly	"You are my child who gets too revved up"	-Blow off steam -Cool down
Distractibility	Trouble concentrating, paying attention if not really interested, doesn't listen well	"It is hard for you to pay attention"	Establish eye contact, keep instructions brief, don't compete with exciting stuff
Impulsivity, Self Control	Doesn't think before acting, repeats mistakes, little self reflection or self talk	"You are my child who acts first and thinks later"	Cue correct behavior before event happens (learn what these situations are from experience)
High Intensity of Emotions	Loud and forceful whether happy, sad, angry	"you are my child with big emotions"	Try not to react to their emotions, calmly remind them that they do have "big" emotions and that they will feel better in a little while, don't add fuel to their emotion
Irregular Body Rhythms	Can't tell when they are hungry, tired, or bothered (little self observation), appetite is irregular, difficulties falling asleep	Try to label the area of discomfort "I bet you are/aren't hungry right now"	Establish eating time and sleeping time, but don't fight about the actual eating or sleeping
Negative Persistence	Stubborn, goes on and on, argues, negotiates, relentless, tantrums	"It is hard for you to give up"	End struggle ASAP, limit number of repetitions
Abnormal Sensory Threshold	Sensitive to sounds, smells, tastes, textures	"I know things feel, smell, taste funny to you"	Accept their sensitivity, work around it
Rigid Response to New Situations	Shy and reserved or overly outgoing in ways that do not respond to the situation	"I know new things are hard for you"	Introduce new things gradually, allow (or force) them to stay near in new situations
Poor Adaptability to Change	Trouble with transitions, change, shifts of schedule, notices minor differences, gets used to things	"I know it is hard for you when things change too quickly"	Prepare in advance, verbal rehearsal, warnings, no sudden surprises
Moodiness	Basically serious or cranky, doesn't show pleasure openly, not a "sunny" character	"I know you are a little grumpy in the _____"	Realize the mood is part of her make up, adjust your expectations

-paraphrased from Stanley Turecki, MD