Boston Children's Hospital	LABEL OR PRINT NAME						
* M R 0 2 3 6 *	CH MRN						
SURVEY OF BEHAVIORAL CONCERNS	DOB GENDER M F						

Directions: Below is a list of behaviors that some children with eczema and food allergies exhibit. Please check the box that describes how often the behavior occurs with your child and then check "yes" or "no" to indicate whether the behavior is a problem for you.

Child Behaviors	Never	Seldom	Sometimes	Often	Always	Problem for you?
Itches and scratches						$\Box Y \Box N$
Picks at skin						$\Box Y \Box N$
Has difficulty sleeping						$\Box Y \Box N$
Is uncooperative with treatment routine						□ Y □N
Has difficulty complying with parents' requests/rules						□ Y □N
Is a picky eater						$\Box Y \Box N$
Refuses to eat food presented						$\Box Y \Box N$
Has slow growth and/or does not get adequate nutrition						$\Box Y \Box N$
Feels self-conscious or						$\Box Y \Box N$

Parent Concerns

For many families the treatment regimen for eczema and allergies can be complicated and stressful (i.e., restricted diet, skin care routine, medications, etc.).

How often do you find it difficult to follow all of the treatment recommendations?	Never	Seldom	Sometimes	Often	Always
How often does the stress of managing your child's condition feel overwhelming?					
How often do you have concerns or worries about the effects of the medical treatment prescribed for your child?					

Patient/Parent/Guardian Signature

Date

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