

Form Approved
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Attachments 3a-3b: First Follow-up Survey Supplement for Caregivers of Children

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BRIEF[®] 2

Behavior Rating Inventory of Executive Function, Second Edition

PARENT FORM

Gerard A. Gioia, PhD, Peter K. Isquith, PhD,
Steven C. Guy, PhD, and Lauren Kenworthy, PhD

Instructions

On the following pages is a list of statements that describe children. We would like to know if your child has had problems with these behaviors over the past 6 months. Please answer all the items the best that you can. Please **DO NOT SKIP ANY ITEMS**. Think about your child as you read each statement and circle:

- N** if the behavior is **Never** a problem
- S** if the behavior is **Sometimes** a problem
- O** if the behavior is **Often** a problem

For example, if your child **never** has trouble completing homework on time, you would circle **N** for this item:

Has trouble completing homework on time N S O

If you make a mistake or want to change your answer, **DO NOT ERASE**. Draw an "X" through the answer you want to change and then circle the correct answer:

Has trouble completing homework on time N S O

Before you begin answering the items, please fill in your child's name, gender, age, grade, your relationship to the child, today's date, and child's date of birth in the spaces provided at the top of the next page.

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SHORT

SENSORY PROFILE™ 2

Winnie Dunn, PhD, OTR, FAOTA

Caregiver Questionnaire

3:0 to 14:11 years

FOR OFFICE USE ONLY			
Calculation of Child's Age			
	Year	Month	Day
Test Date			
Birth Date			
Age			

Child's First Name: _____ Child's Middle Name: _____

Child's Last Name: _____ ID Number: _____

Child's Preferred Name (if different from above): _____

Gender: Male Female Birth Date: ____/____/____ Test Date: ____/____/____

Examiner/Service Provider's Name: _____

Examiner/Service Provider's Profession: _____

Completed by/Caregiver's Name: _____

Caregiver's Relationship to Child: _____

Name of School/Daycare Center: _____

School Grade/Level: _____

In what order was your child born in relation to siblings (for example, 1st child, 3rd child, etc.)?

Only Child 1st 2nd 3rd 4th 5th Other _____

Have there been more than three children between the ages of birth through 18 years living in your household during the past 12 months? Yes No

INSTRUCTIONS

The pages that follow contain statements that describe how children may act. Please read each phrase and select the option that best describes how often your child shows these behaviors. *Please mark one option for every statement.*

Use these guidelines to mark your responses:

When presented with the opportunity, my child...

Almost Always responds in this manner **Almost Always** (90% or more of the time).

Frequently responds in this manner **Frequently** (75% of the time).

Half the Time responds in this manner **Half the Time** (50% of the time).

Occasionally responds in this manner **Occasionally** (25% of the time).

Almost Never responds in this manner **Almost Never** (10% or less of the time).

Does Not Apply If you are unable to answer because you have not observed the behavior or believe that it does not apply to your child, please check **Does Not Apply**.

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