Do you currently receive counseling or behavioral health services? If yes, where? | Yes | No
---|---
Are you interested in talking with someone about your child’s behavior or development? | Yes | No

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For Office Use Only

**To Score**

1. Score the items
2. Find the summed total

"Not at all" = 0, "Somewhat" = 1, "Very much" = 2

Any summed score of 9 or more means that families might like to talk about how to learn more about their young child.