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PARENT QUESTIONNAIRE

Child's full name _____ **Date:** _____

☐ Male; ☐ Female Birthdate _____ Age _____ Race _____

Address _____

This child is in **legal custody** of _____

Child is:

☐ Natural child of parents ☐ Adopted child of parents ☐ Child in custody

Parents are:

☐ Married and together ☐ Father remarried ☐ Never married
☐ Divorced ☐ Mother remarried ☐ Mother/Father deceased

Guardian/Mother's full name _____

Age _____ Education _____ Occupation _____

Address: _____ ☐ Same

Home phone _____ Work phone _____ Mobile phone number _____

General relationship between mother and child _____

_____

Guardian/Father's full name _____

Age _____ Education _____ Occupation _____

Address: _____ ☐ Same

Home phone _____ Work phone _____ Mobile phone number _____

General relationship between father and child _____

_____

Other significant contact _____ Phone _____

YOUR CHILD'S PRESENT LIFE

Describe your child's problems: Length of time

1. _____ _____
2. _____ _____
3. _____ _____
4. _____ _____
5. _____ _____
6. _____ _____

What do you think may have caused your child's problem(s)? _____

_____

_____

What have you tried so far to correct the problem(s)? _____

_____

List the good things about your child. What can he/she do well? Special talents?

_____

_____

What specific event(s) caused you to seek help at this time? _____

_____

Please check all events that may have occurred within the family in the past 12 months:

- ☐ Death of spouse
- ☐ Divorce
- ☐ Parent's separation
- ☐ Significant marital conflicts
- ☐ Marriage
- ☐ Pregnancy
- ☐ Birth of sibling
- ☐ Gain of new family member
- ☐ Child leaving home
- ☐ Death of close family member
- ☐ Death of close friend
- ☐ Personal injury or illness
- ☐ Change in financial status
- ☐ Change in residence
- ☐ Change in schools
- ☐ Legal problems
- ☐ Parent losing job
- ☐ Parent with emotional difficulties
- ☐ Violence in neighborhood
- ☐ Other stress _____

List all persons living in the household with this child:

Name	Age	Relationship	Education	Occupation
1.				
2.				
3.				
4.				
5.				

Religious affiliation and practice: _____

Check if any natural parent, brother, sister, uncle, aunt, cousin or grandparent has:

- ☐ Attention deficit/hyperactivity disorder
- ☐ Learning disabilities
- ☐ Mental retardation
- ☐ "Blues", depressions
- ☐ Attempted suicide
- ☐ Bipolar/Manic depressive illness
- ☐ Problems with anxiety or panic attacks
- ☐ Addictions (alcohol, drugs, gambling, sex)
- ☐ Schizophrenia
- ☐ Other psychiatric problem
- ☐ Tics, seizures or neurological problems
- ☐ Legal problems

Please describe _____

_____

_____

YOUR CHILD'S LIFE STORY

Mother's age when child was born _____ Planned pregnancy: ☐ Yes ☐ No

Was the pregnancy free of problems? ☐ Yes ☐ No - Explain _____

_____

During pregnancy mother: ☐ Drank alcohol ☐ Smoked tobacco ☐ Used drugs ☐ Took medication ☐ Was depressed ☐ None

Was child born full term? ☐ Yes ☐ No. Explain _____

Was labor and delivery normal? ☐ Yes ☐ No. Explain _____

_____

Child's condition at birth was ☐ Normal ☐ Blue baby ☐ Jaundice ☐ Other - Explain _____

Child's weight at birth was _____ APGAR score if known _____

What was your child like in early infancy?

☐ Affectionate	☐ Cried a lot	☐ Irritable	☐ Moody
☐ Content	☐ Cuddly	☐ Overly active	☐ Aggressive
☐ Fearful	☐ Playful	☐ Fussy	☐ Colicky
☐ Sleepy	☐ Quiet	☐ Under active	☐ Physically sick

What was mother like in the first years of child's life?

☐ Nervous	☐ Sick	☐ Tired and uninvolved
☐ Depressed	☐ Working out of home	☐ Doing well

☐ Other problem. Explain _____

What was father like in the first years of child's life?

☐ Nervous	☐ Uninvolved	☐ Depressed
☐ Unemployed	☐ Sick	☐ Supportive/helpful

☐ Other problem. Explain _____

Approximate age at which your child

Sat alone _____ Walked alone _____ Pedaled tricycle _____

Said "dada/mama" _____ Used short sentences _____ Was toilet trained _____

Were there any difficulties in toilet training? ☐ No ☐ Yes. Explain _____

_____

Has your child had any traumatic experiences? ☐ No ☐ Yes. Explain _____

_____

YOUR CHILD'S PHYSICAL HEALTH

Child's physician or clinic _____ Phone _____

Is your child allergic to medication or anything? ☐ No ☐ Yes. Explain _____

_____

Does your child have or had any of the following?

☐ Eye problems	☐ Staring spells	☐ Head trauma
☐ Hearing problems	☐ Seizures	☐ Asthma
☐ Speech problems	☐ Motor/vocal tics	☐ Liver disease
☐ Severe headaches	☐ Heart trouble	☐ Kidney problems

☐ Other medical problem. Explain _____

Has your child ever been hospitalized? ☐ No ☐ Yes. Explain _____

_____

Please describe any concerns you may have about your **child's physical health**: _____

_____ ☐ None

List **all clinicians** that have evaluated or treated your child for behavioral or emotional problems:

Clinician	Reason	Type of treatment	Year and length
1.			
2.			
3.			
4.			

List **all medications** your child has received over the past 12 months: ☐ None

Medication	Reason	Dosage	Length of treatment
1.			
2.			
3.			
4.			
5.			

Do you have any concerns about this youngster using drugs/alcohol? ☐ No ☐ Yes

Explain _____

_____

Any concerns about sexual orientation? ☐ No ☐ Yes. Explain _____

Is this youngster sexually active? ☐ No ☐ Unknown ☐ Yes. Explain _____

_____

Only for females:

Date of first menstrual period _____ Date of last menstrual period _____

Are the menstrual periods regular? ☐ Yes ☐ No. Explain _____

_____

Is this youth on birth control? ☐ Yes ☐ No. Explain _____

YOUR CHILD'S EDUCATION

Name of current school _____

Grade level _____ **Homeroom teacher** _____

List all pre-schools and schools attended:

School name	Year / Grade level	Academic grades	Conduct
1.			
2.			
3.			
4.			
5.			
6.			

Has your child passed each grade? ☐ Yes ☐ No. Explain _____

_____

Has your child ever been enrolled in special services?

☐ Reading problems ☐ Speech and language disorder

☐ Mathematics problems ☐ Emotional/Behavioral problems

Explain _____

Compared to children of the same age, how would you rate your **child's intellectual ability**?

☐ Average ☐ Below ☐ Above

What were the date and results of the last IQ/educational testing done at school? _____

_____

How is your child getting along with peers and teachers? _____

_____

_____

List past jobs and duties _____

Current job and position _____ Length _____

Has he/she ever been suspended or fired from a job? ☐ No ☐ Yes. Explain _____

_____