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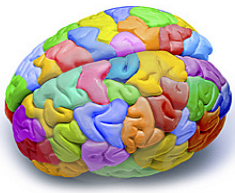

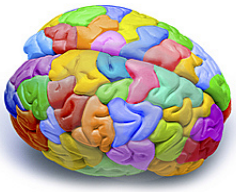

Parent Questionnaire

Please answer the following questions carefully and completely.

Your answers will help us greatly in our understanding of your child.

The questionnaire will be reviewed with you, so it will be possible to discuss your answers if you wish.

Child's name: _____ Date: _____

Nickname: _____ Age: _____ Date of birth: _____

Name of legal guardians: _____

Person completing form: _____ Relation to child: _____

How were you referred? _____

Problems and Concerns

Please list, in order of urgency, the problem(s) for which you are seeking help for your child:

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

G. _____

H. _____

Family History

1. Who is this child currently living with? (check all that apply)

□both natural parents
□natural mother
□natural father
□grandparent
circle: grandmother, grandfather
mother's side, father's side
□stepmother
□stepfather
□foster parents
□adoptive parents
□other (describe)_____

2. Parental information

	Mother	**Father**
Occupation:		
Business phone:		
Age:		
Highest grade completed:		
History of the following (please explain):		
Learning problems:		
Attention problems:		
Behavior problems:		
Emotional/psychiatric problems:		
Medical problems:		
Prescriptions used for past/present psychiatric/psychological problems:		

3. List all people living in the child's home?

Name Age Relation to child

4. Other brothers and sisters not at home (natural, step, and other siblings)?

Name Age Relation to child Occupation

5. Information about all parents (including step-parents or other parenting figures):

Name Age Education Occupation Frequency of contact

6. Please list the important changes that have occurred in your child's lifetime (for example: deaths, marital separations, divorces, remarriages, family moves, loss of important friendships, serious illnesses, financial problems, periods of parental conflict, family violence, etc.). Please provide specific dates during which each event occurred and identify the persons involved.

Dates or ages Changes

7. List any other events that, in your opinion, have had important meaning or significant impact on your child or your family. If you are uncertain about the significance, please list it anyway.

Dates or ages Changes

_____

_____

_____

_____

_____

Pregnancy

1. Was the pregnancy: □planned □unplanned
(check all that apply) □wanted □unwanted
□with prenatal care □without prenatal care

2. Age of parents at time of child's birth: _____mother _____father

3. While mother was pregnant, did she have any of the following difficulties?

□measles □very overweight
□frequent nausea or vomiting □very underweight
□swelling or toxemia □heart trouble
□flu, infections, high fever □diabetes
□high blood pressure □venereal disease
□hospitalizations □financial problems
□kidney disease □marital problems
□pneumonia □family problems
□headaches □other social problems:
□spotting or bleeding □nervous
□depressed □worried
□chronic disease _____
□accidents/injuries_____
□surgeries _____
□medications _____
□alcohol intake _____
□drug use _____
□exposure to toxic chemicals or substances_____
□stressful events for one or both parents_____

Delivery

1. How long did labor last:_____ 2. Baby's weight at birth: _____

3. Was baby full term? _____ If not, how many weeks premature?_____

4. Describe the father's role in the delivery:_____

5. Length of hospital stay for mother? _____Length of stay for child?_____

6. Were any of the following present during or soon after delivery? (check all that apply)

□mother was put to sleep
□C Section performed
□Instruments used to deliver
□Rh factor present
□breech birth or presentation
□born with cord around neck
□baby was blue
□baby was jaundiced (yellow)
□baby aspirated meconium (breathed waste)
□baby needed blood
□baby needed oxygen
□baby had trouble sucking
□baby had trouble keeping food down
□baby was placed in an incubator. For how long?_____
□other medical problems at birth (describe): _____

Developmental History

1. Did any of the following occur during infancy?

(check all that apply) please describe

□baby had problems sleeping_____
□baby was frequently fussy or colicky _____
□baby had unusual crying_____
□baby had trouble breathing_____
□baby had problems eating or gaining weight_____
□baby experienced convulsions, seizures, or "spells"_____
□baby had excessive diarrhea or dehydration _____
□mother was depressed, anxious, or unusually stressed _____
□mother was physically ill or injured _____

2. Who was primarily responsible of baby's caretaking? _____

Who assisted in the baby's care? _____

3. During your child's first year of life, was there anything (even if it had nothing to do with the baby) that caused unhappiness in the family, or placed the mother or father under special strain?

_____

_____

_____

_____

_____

_____

4. Did mother (or primary caretaker) work before this child entered school? _____yes _____no

If yes, who cared for this child while the mother worked?

□babysitter

□family member

□day care center(s)

ages location

_____

_____

_____

5. How do you feel your child developed in the following areas?

physical & motor development	□faster than average	□average	□slower than average
talking & language development	□faster than average	□average	□slower than average
relationships and social development	□faster than average	□average	□slower than average

6. Estimate the age at which the following occurs (please leave blank if you cannot remember):

Age		Age	
_____	smiled	_____	spoke first word
_____	held head up	_____	spoke in phrases
_____	sat without support	_____	spoke in sentences
_____	stood up	_____	toilet trained—bladder
_____	took first steps	_____	toilet trained—bowel
_____	walked alone	_____	dressed self
_____	weaned		

comments:_____

_____

School History

1. Current grade:_____Name of School:_____

School District:_____

2. Did your child attend day care? _____How old was your child when s/he started?_____

If yes, describe the setting and the child's reaction to it? _____

_____

3. Please list below the day care centers, preschools, and schools attended:

School	Location (City, State)	Ages/Grade

4. As best you can recall, please use the following space to provide a general description of your child's school progress in each grade.

Pre-K _____

Kinder _____

First _____

Second _____

Third _____

Fourth _____

Fifth _____

Sixth _____

Seventh _____

Eighth _____

Ninth _____

Tenth _____

Eleventh _____

Twelfth _____

5. Has your child ever repeated a grade? yes no If yes, what grade and what was the reason?

_____

_____

_____

_____

6. Please write the grade in which your child may have received any of the following services in school:

_____Head Start _____Early reading program (Title I) _____Speech Therapy

_____Physical Therapy _____Occupational Therapy _____School Counselor

_____Resource Room _____Content Mastery Center _____Special Education

Special Education Qualification: (mark all that apply)

□ ID □ LD □ OHI □ TBI □ VI □ SI □OI □ED

Please list any academic subjects that were addressed with these services:

_____

_____

_____

_____

7. Please rate your child's current school performance (for children ages 6 and older)

Subject	failing	below average	average	above average
Reading or English				
Writing				
Arithmetic or Math				
Spelling				
Other:				

8. Please describe any changes in your child's academic performance, either recently or over the course or his/her school career:

_____

_____

_____

_____

_____

9. School homework for this child: (check those that apply)

comments

- ☐ Is something s/he enjoys doing. _____
- ☐ Is a source of unhappiness and trouble. _____
- ☐ Is something s/he has to be forced to do. _____
- ☐ Is something father helps with most. _____
- ☐ Is something mother helps with most. _____

10. Your child usually studies:

Where? _____

When? _____

How long? _____

11. Describe any academic or other problems your child has had in school:

_____

_____

_____

_____

_____

_____

_____

Temperament

1. What are the qualities you like best about your child as a preschooler?

_____

_____

_____

2. What are some troublesome qualities you noticed about your child as a preschooler?

_____

_____

_____

3. What are the qualities you like best about your child now?

_____

_____

_____

4. What are some troublesome qualities you notice about your child now?

Medical History

1. Has your child had any serious illnesses, injuries, or accidents?

Type	Age

2. Has your child ever been hospitalized?

Reason	Age

3. Please write the ages (in years) that your child had any of the following illnesses:

Ages	Ages	Ages
_____Allergies	_____head injuries	_____pneumonia
_____Asthma	_____heart trouble	_____prolonged colic
_____blood transfusion	_____high fever	_____tonsillitis
_____convulsions/ seizures	_____infections (meningitis, encephalitis)	_____frequent ear aches
_____diabetes	_____major factures	_____frequent colds/ sore throats
_____fainting	_____menstrual problems	_____tics, twitching
_____frequent stomach aches	other:_____	

4. My child's physicians are:

5. My child's present medications are:

Medication	Dosage	Frequency

6. Please describe any problems your child may have had in the following areas:

	age of last exam
vision:	
hearing:	
speech:	

7. Please describe your child's eating habits. Note any problems in this area.

8. Please describe your child's sleeping habits. (Please note any problems going to sleep, sleeping alone, night awakenings, length of sleep, nightmares, sleepwalking, etc.)

9. Has your child ever received the following professional services?

Ages	Services	Name of Professionals
_____	Psychological	_____
_____	Psychiatric	_____
_____	Neurological	_____
_____	Counseling/Therapy	_____
_____	Educational	_____

10. Please list anyone in the child's extended family who has had difficulties with:

Problem	Relationship to child
emotional problems	_____
depression	_____
extreme nervousness	_____
explosive temper	_____
convulsions or seizures	_____
extreme shyness	_____
mental retardation	_____
learning disability, dyslexia	_____
hyperactivity	_____
problems paying attention	_____
drinking problem/alcoholism	_____
drug problem/addiction	_____
criminal record	_____
victim of spouse abuse	_____
spouse abuser	_____
sexual abuser	_____
victim of sexual abuse	_____
sleep problems	_____

Discipline

1. This child is disciplined by (check those that apply):

☐mother ☐father ☐brother/sister ☐other:_____

2. Discipline most often used (in order of frequency):_____

_____

3. Discipline that is most effective with this child: _____

_____

4. Describe how this child reacts to punishment:_____

_____

Social Functioning

1. Compared to other children of your child's age, how well does your child:

	Worse	Same	Better
Get along with brothers/sisters			
Get along with other children			
Behave with his/her parents			
Play/work by self			
Behave in public (restaurants, etc.)			
Behave with baby-sitters			
Behave at daycare			

2. How does your child relate to others?

_____

_____

_____

_____

3. How does your child relate to his/her parents?

_____

_____

_____

_____

_____

4. Please list any jobs or chores that your child has: (For example, baby-sitting, paper route, making bed, etc)

_____

_____

_____

_____

_____

5. Write the first name(s) of this child's close friend(s):

How many times a week are they together?

What are their typical activities?

6. Please list any organizations, clubs, teams, or groups that your child belongs to:

7. Please list your child's special interests, hobbies, or activities:

8. Please list devices used (phone, notebook, computer, gaming station, etc) and **TIME** spent on each device:

9. Is gaming, social media and/or device usage time an issue for your child? Please describe:

10. Please list your child's special strengths, talents, abilities:

11. Please describe any unusually positive or negative relationships this child has with important people in his/her life:

Other Important Information

1. Please note any other important information about your child or your family that you think might be important in understanding the problems that have brought you to seek treatment:

Thank you for taking the time to complete this questionnaire; your input is greatly appreciated.

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