

## PARENT QUESTIONNAIRE

In order for us to be able to fully evaluate your child, please fill out the following questionnaire to the best of your ability. We realize there may be information that you do not remember or have access to, but please do the best you can. Thank you.

### PATIENT IDENTIFICATION:

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Parent Work#: \_\_\_\_\_  
Grade: \_\_\_\_\_ School: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Step-parent's Name (if applicable): \_\_\_\_\_

### REFERRAL SOURCE:

Referral Source: \_\_\_\_\_  
Would you like us to have contact with any outside professionals? If yes, who? (Please note a release of Information will need to be completed and signed.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PURPOSE OF THE CONSULTATION** (please give a brief summary of the main problems)

**WHY DID YOU SEEK THE EVALUATION AT THIS TIME?**

**PRIOR ATTEMPTS TO CORRECT PROBLEMS/PRIOR PSYCHIATRIC HISTORY**

(Please include contact with other professionals, medications, types of treatments, etc.)

**MEDICAL HISTORY**

Current medical problems/medications include Allergies:

Past medical problems/medications:

Other doctors/clinics where regularly seen:

Any history of head trauma (Please describe):

Any history of seizures or seizure-like activity:

Any periods of spaciness or confusions:

Any history of surgery:

Any history of accidents resulting in broken bones, lacerations, severe bruises:

Prior Hospitalizations (Place, cause, date, and outcome):

Prior abnormal lab tests, X-rays, EEG, CT/MRI, etc.:

Present Height: \_\_\_\_\_ Present Weight: \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_

**FAMILY HISTORY**

**Family Development** (Please list marriages, divorces, deaths, traumatic events, losses)

**Current Marital Satisfaction** \_\_\_\_\_

**Natural Mother's History:**

Age \_\_\_\_\_ Outside work (if applicable) \_\_\_\_\_

Marriages: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Has the mother ever sought psychiatric treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for what purpose?

Please list any of the mother's blood relatives with learning problems, or psychiatric problems including Depression, anxiety, suicide attempts, hospitalizations, alcohol/drugs, psychosis:

**Natural Father's History:**

Age \_\_\_\_\_ Outside work (if applicable) \_\_\_\_\_

Marriages: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Has the father ever sought psychiatric treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for what purpose?

Please list any of the father's blood relatives with learning problems, or psychiatric problems including Depression, anxiety, suicide attempts, hospitalizations, alcohol/drugs, psychosis:

**Siblings** (names, ages, problems, strengths, relationship to the patient)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY STRESSES**

(Please list current factors that are a source of stress in the family including financial concerns, marital difficulties, illness, job changes, moves, deaths of pets, etc)

**CHILD'S DEVELOPMENTAL HISTORY**

**Prenatal events**

Pregnancy complications (bleeding, excess vomiting, medication, infection, x-rays, smoking, Drugs/alcohol):

**Birth and Postnatal Period**

Any other major complications: \_\_\_\_\_

Mother's health after delivery: \_\_\_\_\_

**Sleep Behavior** (list sleep walking, nightmares, recurrent dreams, and current problems)

**Separations** (list from mother and/or father, age, duration and reaction)

**Motor Development**

\_\_\_\_\_ Generally Normal

\_\_\_\_\_ Delayed: \_\_\_\_\_

**Language Development**

\_\_\_\_\_ Generally Normal

\_\_\_\_\_ Delayed: \_\_\_\_\_

**Social Development** (please write age, parentheses are approximate normal limits)

Quality of attachment to mother \_\_\_\_\_

Quality of attachment to father \_\_\_\_\_

Early peer relationships \_\_\_\_\_

Current peer relationships \_\_\_\_\_

Relationship to family members \_\_\_\_\_

Hobbies/Interest \_\_\_\_\_

**Toilet Training**

Age reached bowel control: Day \_\_\_\_ Night \_\_\_\_ Age reached bladder control: Day \_\_\_\_ Night \_\_\_\_

Current Function \_\_\_\_\_

**Sexual Development**

Gender identity concerns \_\_\_\_\_

**Behavior/Discipline**

Compliance versus noncompliance \_\_\_\_\_ Lying/Stealing \_\_\_\_\_  
 Methods of discipline (Please list methods used i.e. Verbal reprimands, time out, removal of privileges/rewards) \_\_\_\_\_

**Emotional Development**

Early Temperament: \_\_\_\_\_

Ability to express feelings: \_\_\_\_\_

**Mark the following to describe the patient’s temperament in the first two years of life:**

Activity Level	Very inactive	Inactive	Average	Active	Very active
<b>Sensitivity to change in touch, sound level, lighting</b>	Very insensitive	Insensitive	Average	Sensitive	Very Sensitive
<b>Adaptability to schedule changes</b>	Very unadaptable	Unadaptable	Average	Adaptable	Very Adaptable
<b>Ability to be calmed/soothed when distressed</b>	Very difficult to Calm/Soothe	Difficult to Calm/Soothe	Average	Easy to Calm/Soothe	Very Easy to Calm/Soothe
<b>Regularity in Sleep, eating</b>	Very irregular	Irregular	Average	Regular	Very Regular
<b>Separating from parents</b>	Very difficult	Difficult	Average	Easy	Very Easy
<b>Affection</b>	Very unaffectionate	Unaffectionate	Average	Affectionate	Very Affectionate

**Physical/Sexual/Emotional abuse** (please list any history of abuse)

**Drug/Alcohol History** (please list any use that you are aware of or suspicious of, what kinds of drugs, how much, what age, how often)

**School History**

Current grade \_\_\_\_\_ Number of schools attended \_\_\_\_\_ Average grades \_\_\_\_\_

Homework problems \_\_\_\_\_

Specific concerns regarding learning \_\_\_\_\_

Strengths \_\_\_\_\_

Motivation \_\_\_\_\_

History of special education or services \_\_\_\_\_

History of suspensions, expulsions, retention \_\_\_\_\_

**Overall Strengths**

# LIST OF CHILDREN'S BEHAVIORS

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please read the following list and rate your child on each behavior. Indicate how often your child displays that behavior by circling which best describes the frequency of that behavior. Please use the provided scale.

<b>1</b>	Never
<b>2</b>	Rarely
<b>3</b>	Occasionally
<b>4</b>	Frequently
<b>5</b>	Very Frequently

Item	Scale	Item	Scale
Has trouble sleeping	1 2 3 4 5	Has poor appetite	1 2 3 4 5
Seems sad or unhappy	1 2 3 4 5	Talks about feeling stupid or worthless	1 2 3 4 5
Looses interest in having fun	1 2 3 4 5	Seems irritable	1 2 3 4 5
Moody	1 2 3 4 5	Plays alone	1 2 3 4 5
Cries easily	1 2 3 4 5	Seems tired	1 2 3 4 5
Complains of physical problems, like headaches or stomach aches	1 2 3 4 5	Worries	1 2 3 4 5
Lacks confidence in his/her abilities	1 2 3 4 5	Needs lots of reassurance	1 2 3 4 5
Needs to be perfect	1 2 3 4 5	Seems fearful and anxious	1 2 3 4 5
Seems shy or timid	1 2 3 4 5	Easily embarrassed	1 2 3 4 5
Sensitive to criticism	1 2 3 4 5	Bite fingernails	1 2 3 4 5
Always on the go	1 2 3 4 5	Can't sit still	1 2 3 4 5
Doesn't seem to listen	1 2 3 4 5	Often fails to finish things	1 2 3 4 5
Has poor concentration and attention when it comes to schoolwork	1 2 3 4 5	Often fidgets with hands or feet, or squirms in seat	1 2 3 4 5
Easily distracted	1 2 3 4 5	Has a hard time playing quietly	1 2 3 4 5

**A**

**B**

**C**

Talks excessively	1	2	3	4	5	Often interrupts or “butts in” to other’s games	1	2	3	4	5
Seems disorganized, loses things he/she needs for school	1	2	3	4	5	Takes risks without considering the danger involved (e.g., running into the street without looking)	1	2	3	4	5
Blurts out answers to questions before they have been completed	1	2	3	4	5						
Refuses to follow rules or do chores	1	2	3	4	5	Loses temper	1	2	3	4	5
Argues with parents or teachers	1	2	3	4	5	Blames others for his/her mistakes	1	2	3	4	5
Swears	1	2	3	4	5	Deliberately does things to annoy other people	1	2	3	4	5
Is angry or resentful	1	2	3	4	5	Carries a grudge, seems to have “a chip on the shoulder”	1	2	3	4	5
Touchy, easily annoyed by others	1	2	3	4	5						
Steals	1	2	3	4	5	Runs away overnight	1	2	3	4	5
Lies	1	2	3	4	5	Cuts school	1	2	3	4	5
Is cruel to animals	1	2	3	4	5	Destroys property	1	2	3	4	5
Gets into fights	1	2	3	4	5	Has been physically cruel to other people	1	2	3	4	5
Doesn’t seem sorry for hurting others	1	2	3	4	5	Sets fires	1	2	3	4	5
Has broken into someone else’s house or car	1	2	3	4	5						

**D**

**E**

**F**