CHILD CLINICAL QUESTIONNAIRE (PARENT FORM)

Please complete this questionnaire about your child as accurately and as completely as possible.

<u>GENERAL INFORMATION</u>	
Child's Name	Date of Birth
Child's School	Grade
Your Name	Relationship to Child
Address	
Phone Number	
Primary Care Physician	Insurance

Please list all the people who live in your household (beginning with yourself):

Name	Age	Sex	Relationship to Patient	Highest Education
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Marital Status of the child's biological parents:	Single	Married	Divorced	Remarried	Living To	gether
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If biological parents are divorced, who has legal custody of the child?_____

Your occupation(s)_____ Other Parent's_____

Work Telephone_____ Work Telephone_____

Did you adopt this child?_____ If yes, how old was the child when adopted?_____

II <u>CLINICAL DATA HISTORY</u>

(A) Developmental History:

I.

List any difficulties experienced during pregnancy:

List any difficulties experienced during delivery:

Please list ages for your child's:	Please note any difficult	Please note any difficulties experienced at each stage.			
Sitting	Standing	Walking	Talking		
Toilet Training	_				
Difficulties:					

(B) Why does your child need therapy at this time?

- (C) Briefly describe the history of these problems. List all <u>stress factors</u> that trigger or intensify the problems:
- (D) What have you tried to do to help your child with these problems?
- (E) How have your child's problems affected you and others in your family?
- (F) How well does your child do at school? What do teachers say about your child? Has your child been involved with any special education programs or alternative education programs? Has your child ever been tested for intellectual ability or had any other psychological tests performed?
- (G) Does your child have a history of being physically or verbally assaultive to others?
- (H) Describe any concerns that you have about your child's use of alcohol, drugs and/or tobacco products:

Has your child received mental health services in the past? Please indicate the reason, date, location and therapist's

- name for each occurrence of therapy:

 Reason
 Date
 Location
 Therapist
- (J) Has your child been hospitalized for any psychological/psychiatric problems? Please indicate reason, date, hospital name and primary therapist for each occurrence:
 - Reason Date Location Therapist
- (K) Describe any major illnesses, accidents, physical handicap or limitations affecting your child:
 - DateIllness/Accident/HandicapHospitalTreating Physician
- (L) List any medication that your child is currently using:

(I)

Medication	Dose	Date Prescribed	Prescribing Physician
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- (M) Briefly described any aspects of your family or family history that you believe may have a bearing on the present difficulties:
- (N) Please describe any legal problems involving your child:
- (O) Please list any concerns that you may have regarding your child's social adjustment:

	Not At All	Just A Little	Pretty Much	Very Much
Often intrudes on others (e,g., butts into conversations or games)				
Has run away from home overnight at least twice while living in parental or parental surrogate home				
or once without returning for as lengthy period)				
Often argues with adults				
Often lies to obtain goods or favors or to avoid obligations (e.g., "Cons" others)				
Often initiates physical fights with other members of his or her household				
Has been physically cruel to people				
Often talks excessively				
Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting but without				
preaking and entering, forgery)				
Is often easily distracted by extraneous stimuli				
Often engages in physically dangerous activities without considering possible consequences (not for				
the purpose of thrill seeking) (e.g., runs into the street without looking)				
Often truant from school beginning before age 13 years				
Often fidgets with hands, feet or squirms in seat				
Is often spiteful or vindictive				
Often swears or uses obscene language				
Often blames others for their mistakes or misbehavior				
Has deliberately destroyed others' property (other than by fire setting)				
Often actively defies or refuses to comply with adults' requests or rules				
Often does not seem to listen when spoken to directly				
Often blurts out answers before questions have been completed				
Often initiates physical fights with others who do not live in their household (e.g., peers at school or				
in the neighborhood)				
Often shifts from one uncompleted task to another				ł
Often has difficulty playing or engaging in leisure actively quietly				ł
Often fails to give close attention to details or makes careless mistakes in schoolwork, work or other				1
activities				
Is often angry and resentful				
Often leaves seat in classroom or in other situations in which remaining seated is expected				
Is often touchy or easily annoyed by others				
Often does not follow through on instructions and fails schoolwork, chores or duties in the workplace				
(not due to oppositional behavior or failure to understand instructions)				
Often loses temper				
Often has difficulty sustaining attention in tasks or play activities				
Often has difficulty awaiting turn				
Has forced someone into sexual activity				
Often bullies, threatens or intimidates others				
Is often "on the go" or often acts as if "driven by a motor"				
Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books or				ł
tools)				
Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or				ł
adults may be limited to subjective feelings of restlessness)				
Has been physically cruel to animals				
Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as				
schoolwork or homework)				
		-	-	ł
Often stays out at night despite parental prohibitions beginning before age 13 yrs Often deliberately annoys people	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Has stolen while confronting a victim (e.g. mugging, purse snatching, extortion, armed robbery)		<u> </u>		ł
				<u> </u>
Has deliberately engaged in fire setting with the intention of causing serious damage				<u> </u>
Often has difficulty organizing tasks and activities				├
Has broken into someone else's house, building or car	 	 		
Is often forgetful in daily activities	 	 		├ ────
Has used a weapon that can cause serious physical harm to others (e.g., bat, brick, broken bottle,				
knife, gun	l			L