

PARENT QUESTIONNAIRE

In order to best be able to help you and your child, we need to know some things about your family. Please answer each question as completely as you can and explain any "yes" or "no" answers.

Background Information:

Client's Name: _____ Date of Birth: _____

Biological Parents' names	Age	Education	Occupation
_____	_____	_____	_____
_____	_____	_____	_____

Sibling Names	Age	Education	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any other people living in the home: _____

Dates of marriage and/or divorce of biological parents: _____

If the client's biological parents are divorced, please fill in the following information:

Name of Parent	Date(s) of marriage(s)	Name of second spouse
_____	_____	_____
_____	_____	_____
_____	_____	_____

Custody and visitation arrangements: _____

History of Problem:

What is the problem? Why are you bringing you child in for an evaluation? _____

When and how did you first notice the problem? _____

What kinds of changes have you seen in your child which seem to be part of the problem? _____

How have you tried to resolve the problem? _____

Please describe any major incidents, such as moving or the death of a family member, which seem to have affected your child. What were his/her reactions to the incident? _____

What other major changes have happened in the family (additions, losses, financial changes, moves, etc.)? _____

Family Interaction:

Describe your relationship with the client: _____

Describe your relationship(s) with the client's sibling(s): _____

What do you do together as a family? _____

How are decision made in your family? _____

What kind of discipline is used in your family? Who is the “family disciplinarian”? _____

How does your family express feelings? _____

How often are there conflicts in your family? What are they usually about? _____

Family History:

What is your family cultural background (ethnic or racial origin, religion, etc.)? _____

Is there any history of medical illness (such as diabetes, cancer, renal disease, heart disease, glaucoma, etc.) in your family? _____

Please note any history of psychiatric illness (such as depression, learning disability, schizophrenia, manic depression, attention deficit, etc.) in your family? _____

Is there any history of alcohol and/or drug use or dependence in your family? _____

Please describe the history of your immediate family, including dates of births, marriages, divorces, major illnesses, moves, etc. _____

PLEASE DRAW A FAMILY TREE ON THE BACK OF THIS PAGE.

Developmental History:

Was the client a planned child? How did parent(s) react to the pregnancy? _____

Were there any complications during the pregnancy and/or birth of the client? If yes, please describe: _____

Please describe the client's emotional and behavioral adjustment (responses, activity level).
as an infant: _____
as a toddler: _____
as a preschooler: _____
during grade school: _____
during junior high: _____
during high school: _____

At what age did the client:
say a single word? _____ simple sentences? _____ complete sentences? _____
crawl? _____ Walk? _____ become bladder trained? _____
bowel trained? _____ became interested in other children? _____

Were there any problems in toilet training? If yes, please describe: _____

Were there any problems with wetting or soiling the bed after the client had been toilet trained? If yes, please describe: _____

How well did the client tolerate normal separations before school age? _____

Please describe early eating and sleeping patterns:

as an infant? _____

as a toddler? _____

as a preschooler? _____

childhood or later years? _____

Have you noticed any unusual eating patterns (such as fasting, constant dieting, eating a lot at one time followed by not eating, etc.) or changes in the client's eating habits? If yes, please describe: _____

Educational History:

What school and grade is the client enrolled in? _____

How old was the client when he/she started school? _____

Has your child repeated or skipped any grades? _____

Have there been any academic, behavioral, or emotional problems with peers or teachers? If yes, when did the problems begin? What were they? _____

What kinds of grades does the client usually get? Describe any recent changes: _____

Has the client ever been assessed for learning problems (LD/EBD) or been in special classes (chapter 1 or tutoring)? If yes, please describe: _____

Has the client ever been suspended or expelled from school? If yes, please describe why this happened and how you handled it: _____

Treatment History:

Has the client ever been taken to a mental health or chemical dependence professional before? If yes, fill in the following information:

Name of professional	Dates of service	Reason for services
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the client ever seen a school counselor or school psychologist? If yes, please explain, including the reason(s) and date(s): _____

Has the client ever been placed out of the home for mental health, emotional and/or behavioral reasons (foster care, inpatient treatment, residential treatment, juvenile detention, with relative, etc.): If yes, please explain: _____

Has anyone else in the family received psychiatric, psychological and/or chemical dependence treatment in an inpatient or outpatient setting? If yes, please explain: _____

How do you feel about seeking help for your child at this time? _____

What goal do you have for the treatment of your child? _____

What education material have you read related to problem areas for children? _____

Miscellaneous

What else do we need to know that we haven't asked? _____

