

**PROFESSIONAL COUNSELING AND BIOFEEDBACK CENTER
PARENT QUESTIONNAIRE**

(Parent: Please complete this questionnaire about your child.)

DATE: _____

Name of person completing this form: _____

Relationship to child: _____

I. DEMOGRAPHICS

a. Full name of child: _____

b. Address: _____

c. Telephone: Home _____ Work _____

d. Birthdate: Month _____ Day _____ Year _____ Age _____

e. Social Security # _____ Race _____

f. Referred by: _____

II. PRESENTING PROBLEM

a. What symptoms, problems or behaviors does your child have that have prompted you to seek this evaluation? _____

b. When did these first appear? _____

c. Was there a specific incident that caused you to seek services for your child at this time? _____

d. To your knowledge, has your child ever talked about or attempted suicide? If yes, please describe: _____

e. To your knowledge, has your child ever used drugs or alcohol? If yes, please describe: _____

III. PREVIOUS TREATMENT

a. Has your child ever had any previous mental health treatment such as psychiatric assessment, counseling, testing or substance abuse treatment? If yes, give specifics: _____

IV. DEVELOPMENTAL HISTORY

a. Was this pregnancy a planned one? YES _____ NO _____

b. Mother's health during pregnancy:
Good _____ Some Difficulties _____ Many Difficulties _____

- Dressing self Feeding self
 Catching bounced ball Hopping on one foot
 Play in groups of 2 or more children

- o. Age stopped wetting pants or diapers during day: _____
 Age stopped wetting the bed at night: _____
 Age considered completely trained: _____

- p. Were there any difficulties in bowel training?
 No difficulties Irregularity
 Constipation Smearing
 Relapse after learning Other _____

- q. How would you describe your child during the first six months? (check all that apply)
 Mildly active Tearful Whining
 Content Quiet Kicking/restless
 Smiling/cooing Cuddly Other

- r. Did someone other than parents care for child during the first year?
 YES NO If yes, who _____

- s. Did your child have difficulties in the development of speech?
 No difficulties Hard to understand Lipping
 Delayed speech Substitution Other
 Baby talk Stammering
 Describe speech problems: _____

V. EMOTIONAL AND BEHAVIORAL FUNCTIONING

- a. List deaths in the family that have affected the child: _____

- b. Who ordinarily disciplines your child?
 Mother _____ Father _____ Both _____ Other _____

- c. How have you disciplined your child? (Check correct space(s).)
 Spanking Discussion Withdrawal of love
 Isolation Scolding Loss of privileges
 Slapping other _____

- d. Have these methods been effective? YES NO
 If not, explain: _____

- e. Has the child ever been involved in setting fires? YES NO
 If yes, at what age _____

Submissiveness Avoidance Manipulativeness
 Physical Fighting Crying Jealousy
 Teases Is Teased

- l. Has this child ever had a significantly frightening experience?
 YES NO If yes, describe the experience and reaction _____

- m. Does this child have problems with temper? YES NO
 If yes, describe the temper problems and how you cope with such: _____

- n. What fears has your child had which seem extreme or excessive to you?
 Dogs, animals Bad dreams Doctors
 Storms School Strangers
 Noises Dark Other _____
- o. Has your child ever been cruel to animals? YES NO
- p. Did your child have extreme problems with any of the following?
 Tics (i.e., repeated movements of particular body muscles)
 Body rocking
 Other repetitive body movements
 Nail biting
 Head banging
 Sucking thumb
 Other _____

VI. EDUCATIONAL HISTORY

- a. Name of child's school _____ Grade _____
- b. List and give dates of any special education, remedial programs, learning disability programs, or speech therapy that your child has required. _____

- c. How many schools has the child attended since 1st grade? _____
- d. Has your child been required to repeat a grade in school? YES NO
- e. How many times has the family moved? _____
- g. Describe any difficulty your child has had with learning problems: _____

- h. How many days of school did your child miss during the past year, and for what reason? _____

- i. Has the child been suspended from school for any reason during the past year?
 YES _____ NO _____ Is yes, explain _____

- j. Has your child ever been truant from school? ___ Never ___ Only once
 ___ Infrequently ___ Frequently
- m. Has your child ever been fearful of school or very reluctant to attend school?
 YES _____ NO _____ If yes, what grade? _____ What was done about
 it? _____

VII. SOCIAL HISTORY

- a. Information on biological father:
 Full name _____ Birthdate _____
 Education _____ Occupation _____
- b. Information on step (foster, adoptive) father:
 Full name _____ Birthdate _____
 Education _____ Occupation _____
- c. Information on biological mother:
 Full name _____ Birthdate _____
 Education _____ Occupation _____
- d. Information on step (foster, adoptive) mother:
 Full name _____ Birthdate _____
 Education _____ Occupation _____
- e. List full name of brothers & sisters (including patient) in order of birth. Note
 whether full, half, or step siblings, and where each lives.
- | | <u>Name</u> | <u>Sex</u> | <u>Age</u> | <u>Birthdate</u> | <u>Grade</u> | <u>Full/Half/Step</u> | <u>Live Where</u> |
|----|-------------|------------|------------|------------------|--------------|-----------------------|-------------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
- f. Is this child adopted? YES _____ NO _____ If so, at what age _____
- g. Does the child have knowledge of the adoption? YES _____ NO _____
 If so, describe _____
- h. Is there any contact with the natural parents? YES _____ NO _____
 If so, describe _____

i. List any significant health or behavioral problems for child's mother or father: _____

j. Marital status of the natural/adoptive parents of child. (Check appropriate spaces)
___ Married & living together ___ Never married & living together
___ Parents divorced ___ One parent dead
___ Father remarried ___ Mother remarried
___ Separated ___ Other (Mother) ___ Other (Father)

k. Parents current marital satisfaction: ___ Good ___ Fair ___ Poor

l. Does the family have unusual financial problems? YES ___ NO ___

n. Circle one for each parent.
This is the (1st) (2nd) (3rd) (4th) marriage for the Mother of this child
This is the (1st) (2nd) (3rd) (4th) marriage for the Father of this child

o. If parents are divorced, what are the legal child custody arrangements and describe visitation method: _____

p. Child lives with:
___ Parents ___ Relatives ___ One parent alone ___ Foster parents
___ Parent & step parent ___ Adoptive parents ___ One parent & relative
___ Others (specify) _____

q. Primary language spoken in the home _____
Other languages spoken in home _____

r. Is there any psychiatric or physical illness in the family: If so, indicate with an "x" at left, and specify the relationship to child and parental side at right. This applies to parent as well as other biological relatives. (This is an important question and it should be done carefully and truthfully.)

	<u>Mother's side</u>	<u>Father's side</u>
___ Drug or alcohol abuse	_____	_____
___ Depression	_____	_____
___ Nervous breakdown	_____	_____
___ Epilepsy	_____	_____
___ Mental retardation	_____	_____
___ Psychiatric hospitalization	_____	_____
___ Suicide	_____	_____
___ Other	_____	_____

- s. List any significant emotional, behavioral, or health problems that this child's brothers and sisters have had. _____

- t. Has this child lived with another relative (not just for vacation)?
YES _____ NO _____ If yes, explain _____

- u. Has this child lived at any time in a foster home, group home, or residential center? YES _____ NO _____ If yes, at what age, how long _____
For what reason _____
- v. Has this child been seen by a juvenile court worker? YES _____ NO _____
If yes, at what age _____ For what reason _____

VIII. MEDICAL HISTORY

- a. Does your child have any physical handicap? _____
- b. Has your child ever had:

_____ Seizures or convulsions	_____ Head injuries
_____ Periods of confusion	_____ Periods of unconsciousness
- c. Has your child ever had any surgeries of significance, or hospitalizations for an illness? YES _____ NO _____ If yes, give date _____
For what? _____
- d. Is your child on any medication at the present time? YES _____ NO _____
If yes, what kind and for what condition prescribed? (Please bring medication with you when you come for an appointment.) _____

- e. Has your child been involved in any serious accidents? YES _____ NO _____
If yes, describe _____
- f. Did the child show any behavior after an accident which seemed to be a reaction to it such as fearfulness, sleep disturbance, speech disturbance, nervousness, etc.? _____ YES _____ NO If yes, describe _____

- g. If this child is a girl, has she had her first menstrual period? YES ___ NO ___
If yes, at what age? _____
- h. If this child is a boy, has he begun to show signs of physical sexual development? (e.g., voice change, pubic hair) YES _____ NO _____
If yes, at what age did the signs begin? _____

i. What physical symptoms does your child often complain about?

Headaches Stomach aches Back pains

Leg or arm pains Other

j. Does your child have allergies or asthma? YES NO

Describe _____

IX. RELIGIOUS INTERESTS, HOBBIES, AND ACTIVITIES

a. List the child's past and present organized social, community, recreational activities (e.g., Scouts, Little League, sports activities, lessons, etc.)

b. Describe the child's religious interests or activities:

High Medium Low None

X. SUMMARY

In a brief statement, please describe your child:
