

PARENT QUESTIONNAIRE

Child's Name: _____

Health History

Child's Physician: _____ Phone: _____

Date of last physical exam: _____

Past and current medical problems: _____

Medications: _____ None: _____

Medications/reason	Dose	Date began	Side effects	Date stopped	MD

Developmental History

Pregnancy and delivery: _____

Length of pregnancy: _____ Birth weight: _____

Were there any problems? yes no

Describe: _____

Infant health and temperament:

During the first 12 months, did your child have any problems with sleeping or eating? Was your child overactive, inactive, easy to comfort? Please describe. _____

Early development:

At what age did your child: sit: _____ walk: _____ use single words: _____

Use two word sentences: _____ toilet train: _____

Preschool temperament:

Calm, quiet: _____ Normally active: _____ Overly active: _____

Affectionate: _____ Strong willed: _____ Fearful: _____ Overly sensitive: _____

Was attention span: normal: _____ very good: _____ poor: _____

Frustration tolerance: normal: _____ very good: _____ poor: _____

Other concerns: _____

School

Child's School: _____ Grade: _____ Teacher: _____
Phone: _____ Special Ed? yes no Alternative Ed? yes no
Number of retentions: _____ Number of Suspensions _____ Attendance: _____
Strengths & weaknesses: _____
Grades last term: _____ last year: _____ best year's grades: _____
Activities: _____
Diagnosed ADD/ADHD? yes no Medication? yes no

Family History

What do you see as the strengths of your child and family?

How would you describe the relationships of your child to others in the family?

Mother very good acceptable fair problematic
Father very good acceptable fair problematic
Main caretaker very good acceptable fair problematic
Siblings very good acceptable fair problematic

Is there any family history of: depression _____ mental illness _____ suicide _____
substance abuse _____ chronic medical problems _____ loss _____ domestic violence _____
court involvement _____ DCF involvement _____

Please explain: _____

Social Interaction

What activities does your child enjoy?

What & when was the last enjoyable activity your family participated in together?

Please describe your child's peer relationships:

_____ strong – a leader with peers _____ good – several positive friendships
_____ limited – 1 or 2 friends, occasional involvement _____ poor – seldom interacts with friends
_____ poor – aggression when interacting with peers _____ poor – often teased and rejected

PLEASE ANSWER ALL QUESTIONS. INDICATE THE DEGREE OF THE PROBLEM BY A CHECK MARK.

1. Picks at things (nails, fingers, hair, clothing):
Not at all _____ Somewhat _____ Very Much _____
2. Sassy to grown-ups:
Not at all _____ Somewhat _____ Very Much _____
3. Problems with making or keeping friends:
Not at all _____ Somewhat _____ Very Much _____
4. Excitable, impulsive:
Not at all _____ Somewhat _____ Very Much _____
5. Wants to run things:
Not at all _____ Somewhat _____ Very Much _____
6. Sucks or chews (thumb, clothing, blanket):
Not at all _____ Somewhat _____ Very Much _____
7. Cries easily or often:
Not at all _____ Somewhat _____ Very Much _____
8. Carries a chip on shoulder:
Not at all _____ Somewhat _____ Very Much _____
9. Daydreams:
Not at all _____ Somewhat _____ Very Much _____
10. Difficulty in learning:
Not at all _____ Somewhat _____ Very Much _____
11. Restless in the "squirmy" sense:
Not at all _____ Somewhat _____ Very Much _____
12. Fearful (of new situations, new people or places, going to school):
Not at all _____ Somewhat _____ Very Much _____
13. Restless, always up and on the go:
Not at all _____ Somewhat _____ Very Much _____
14. Destructive:
Not at all _____ Somewhat _____ Very Much _____
15. Tells lies or stories that aren't true:
Not at all _____ Somewhat _____ Very Much _____
16. Shy:
Not at all _____ Somewhat _____ Very Much _____

17. Gets into more trouble than others same age:
Not at all _____ Somewhat _____ Very Much _____
18. Speaks differently from others same age (baby talk, stuttering, hard to understand):
Not at all _____ Somewhat _____ Very Much _____
19. Denies mistakes or blames others:
Not at all _____ Somewhat _____ Very Much _____
20. Quarrelsome:
Not at all _____ Somewhat _____ Very Much _____
21. Pouts and sulks:
Not at all _____ Somewhat _____ Very Much _____
22. Steals:
Not at all _____ Somewhat _____ Very Much _____
23. Disobedient or obeys but resentfully:
Not at all _____ Somewhat _____ Very Much _____
24. Worries more than others (about being alone, illness or death):
Not at all _____ Somewhat _____ Very Much _____
25. Fails to finish things:
Not at all _____ Somewhat _____ Very Much _____
26. Feelings easily hurt:
Not at all _____ Somewhat _____ Very Much _____
27. Bullies others:
Not at all _____ Somewhat _____ Very Much _____
28. Unable to stop a repetitive activity:
Not at all _____ Somewhat _____ Very Much _____
29. Cruel:
Not at all _____ Somewhat _____ Very Much _____
30. Childish or immature (wants help they shouldn't need, clings, needs constant reassurance):
Not at all _____ Somewhat _____ Very Much _____
31. Distractibility or attention span is a problem:
Not at all _____ Somewhat _____ Very Much _____
32. Headaches, stomach aches or pains:
Not at all _____ Somewhat _____ Very Much _____
33. Mood changes quickly and drastically:
Not at all _____ Somewhat _____ Very Much _____

34. Doesn't like or doesn't follow rules or restrictions:
Not at all _____ Somewhat _____ Very Much _____
35. Fights constantly:
Not at all _____ Somewhat _____ Very Much _____
36. Doesn't get along well with brothers or sisters:
Not at all _____ Somewhat _____ Very Much _____
37. Easily frustrated in efforts:
Not at all _____ Somewhat _____ Very Much _____
38. Disturbs other children:
Not at all _____ Somewhat _____ Very Much _____
39. Basically an unhappy child:
Not at all _____ Somewhat _____ Very Much _____
40. Problems with eating (poor appetite, doesn't sit for whole meal):
Not at all _____ Somewhat _____ Very Much _____
41. Problems with sleep (can't fall asleep, up too early, up in the night):
Not at all _____ Somewhat _____ Very Much _____
42. Vomiting or nausea:
Not at all _____ Somewhat _____ Very Much _____
43. Feels cheated in family circle:
Not at all _____ Somewhat _____ Very Much _____
44. Boasts and brags:
Not at all _____ Somewhat _____ Very Much _____
45. Lets self be pushed around:
Not at all _____ Somewhat _____ Very Much _____
46. Bowel or bladder problems (frequently loose, irregular habits, constipation, bed-wetting):
Not at all _____ Somewhat _____ Very Much _____
47. Hurts self (bangs head, self tattoos, etches on skin or cuts, etc.):
Not at all _____ Somewhat _____ Very Much _____
48. Talks, writes or draws about killing themselves or others:
Not at all _____ Somewhat _____ Very Much _____
49. Hurtful to animals:
Not at all _____ Somewhat _____ Very Much _____
50. Sets fires:
Not at all _____ Somewhat _____ Very Much _____

DO YOU HAVE ANY CONCERNS THAT YOUR CHILD IS:

- | | |
|---|--------------------|
| 1. Sexually active | Yes _____ No _____ |
| 2. Drinks alcohol | Yes _____ No _____ |
| 3. Using other drugs | Yes _____ No _____ |
| 4. At risk for running away | Yes _____ No _____ |
| 5. Having a recent drop in grades | Yes _____ No _____ |
| 6. Thinking about hurting themselves | Yes _____ No _____ |
| 7. Involved in risky behavior | Yes _____ No _____ |
| 8. Preoccupied with death | Yes _____ No _____ |
| 9. Having a change in personal hygiene habits | Yes _____ No _____ |

WHAT IS THE MOST IMPORTANT PROBLEM YOU WOULD LIKE YOUR CHILD TO GET HELP WITH?

I CERTIFY THAT I HAVE ANSWERED THE ABOVE QUESTIONS TO THE BEST OF MY KNOWLEDGE.

SIGNED: _____

DATE: _____

Adapted from Children's Hospital National Medical Center, Washington, D.C. 20010 Defiant Children – A Clinician's Manual for Parent Training – Russell A. Bankly