APPENDIX 3

A Questionnaire for Parents

Name of child	
Child's current age/date of birth	
Was child adopted? If so, details?	
Who lives in the home with the child?	
Who is the legal guardian?	
Who referred your child for evaluation?	

What problem or concerns do you have about your child at this time?

Has your child had problems or been diagnosed with any of the following? (If so, note details below.)

- ❑ Feeling sad or hopeless; frequent crying
- ❑ Irritability
- ❑ Often thinking about death/loss
- ❑ Thoughts of suicide
- ❑ Feeling anxious/nervous/worried
- ❑ Having panic attacks
- ❑ Vision/hearing problems
- ❑ Seeing/hearing/feeling things that aren't real

- ❑ Change in appetite
- ❑ Picky eating
- ❑ Weight loss or concern with body image
- ❑ Binge eating/purging or restricting diet
- ❑ Difficulty falling asleep or staying asleep
- ❑ Nightmares/night terrors/sleepwalking
- ❑ Snoring or difficulty breathing while asleep
- ❑ Excessive daytime sleepiness
- ❑ Bedwetting
- ❑ Daytime toileting accidents
- ❑ Tics/Tourette's, involuntary movements
- ❑ Language/speech delay
- ❑ Learning disorder (reading/math/writing)
- ❑ Pulling out hair/eyelashes or picking at skin
- ❑ Having few friends
- ❑ Being bullied (physically, verbally, online)
- ❑ Victim of neglect or physical/sexual abuse
- ❑ Excessively rigid adherence to routine
- ❑ Problems transitioning between activities
- ❑ Social withdrawal
- ❑ Hyperactivity
- ❑ Impulsivity
- ❑ Being disorganized/forgetful
- ❑ Difficulty finishing tasks/projects
- ❑ Temper outbursts
- ❑ Aggressive behavior at home
- ❑ Aggressive behavior at school
- ❑ Truancy
- ❑ Police/legal difficulties
- ❑ Excessive use of computer/phone/gaming
- ❑ Use of alcohol or street drugs
- ❑ Witnessed domestic violence
- ❑ Parental divorce
- ❑ Family move
- ❑ Loss of pet
- ❑ Loss of friendship or romantic relationship
- ❑ Parental abandonment
- ❑ Death of family member/friend
- ❑ Any other problems?

Details (age, brief description) for any problems checked above:

_____

_____

_____

Patient's prebirth and delivery history:

Was pregnancy planned?	
Was delivery at full term?	
Problems or illnesses during pregnancy?	

Maternal substance use (including alcohol/tobacco) or toxic exposure during pregnancy?	
Difficult delivery?	
Caesarian section?	
Birth weight (pounds, ounces)? Birth length?	
Did baby have problems breathing?	
Was oxygen administered?	
Was there jaundice?	
Was blood transfused?	

At what age (months, years) did this child first:

Sit up unsupported?	
Crawl?	
Stand alone?	
Walk?	
Speak first words?	
Speak in compete sentences?	
Complete toilet training?	

Child's general health history:

- ❑ Allergies
- ❑ Asthma
- ❑ Diabetes
- ❑ Chicken pox or measles
- ❑ Heart problems
- ❑ Ear infections
- ❑ Urinary infections
- ❑ Poor bowel control
- ❑ Meningitis/encephalitis
- ❑ Head injury
- ❑ Rheumatic fever
- ❑ Strep throat
- ❑ Operations
- ❑ Recurrent headaches
- ❑ Frequent stomachaches
- ❑ Seizures
- ❑ Other illnesses or injuries

Details (age in years, treatment, outcome) for any problems checked above:

_____

_____

_____

Any current or past medications:

Medication name	Age when used	Dose	Reason for use and effectiveness

Vaccination history—write in age(s) at which each was given:

- ❑ DTaP (diphtheria, tetanus, pertussis)
- ❑ Hepatitis A
- ❑ Hepatitis B
- ❑ Influenza
- ❑ Meningococcus (meningitis)
- ❑ MMR (measles, mumps, rubella)
- ❑ Polio
- ❑ Chicken pox
- ❑ HPV (human papillomavirus)

Education:

Current school	
Grade	
Main teacher	
Current grades (range)	
Problems with specific subjects?	

Disciplinary issues?	
Repeat a grade?	
Special education needs, such as IEP or 504 plan?	
Number of schools attended	

Family data (please include information about any step- or half-siblings):

	Mother	Father	Stepmother	Stepfather
Name				
Street address				
City, state, zip/ post code				
Last school year completed				
Number of marriages				
Current occupation				
Children (names, ages)				
Grandparents' names				
Grandparents' locations				

Family history of illness:

Has any biological relative of the child (mother, father, brother, sister, uncle, aunt, grandparent, cousin) had symptoms of or been diagnosed with any of the following?

	Relative(s)	Brief description
Alcohol or other substance use		
Anxiety, phobias, obsessions		
Autism/Asperger's		
Behavior problem/conduct disorder/criminal behavior		
Conflict with family or others		
Depression		
Learning disorders or intellectual difficulties		
Mania/bipolar disorder		
Attention-deficit/hyperactivity disorder		
Psychosis/schizophrenia		
Seizures/epilepsy/traumatic brain injury		
Suicide or suicide attempt/ psychiatric hospitalization		
Tics/Tourette's		

Details for any problems checked above:

Is the family currently undergoing any stresses, such as illness, death, military deployment, financial problems, multiple moves, job loss? If so, please describe:

Are there any other circumstances that influence your parenting style with this child? Please describe: