PROFESSIONAL COUNSELING AND BIOFEEDBACK CENTER PARENT QUESTIONNAIRE (Parent: Please complete this questionnaire about your child.)

DA	ATE:			
	me of person completing			
Re	lationship to child:			
т	DEMOCD A DILICO	•		
	DEMOGRAPHICS			
	Full name of child:			
o.	Address: Telephone: Home		Work	
	Birthdate: Month			
	Social Security #			
	Referred by:			
II.				
a.		_	does your child hav	e that have prompted you
а.	to seek this evaluation?		•	
	to seek uns evaluation.			
b.	When did these first app	oear?		
	XX	*1 41 4	1 , 1 ,	C 1'11 4 41'
c.	Was there a specific inc		•	•
	time?			
d.	To your knowledge, ha	s your child eve	r talked about or at	tempted suicide? If yes,
	m 1 1 1 1	1 11 1		1 1 10 70 1
e.	•	•	_	alcohol? If yes, please
	describe:			
Ш	. PREVIOUS TREA	TMENT		
a.	Has your child ever had			
	assessment, counseling,	, testing or subst	ance abuse treatmer	nt? If yes, give specifics:
IV.	. DEVELOPMENTA	AL HISTORY		
a.	Was this pregnancy a pl		YES NO	O
				
b.	Mother's health during			
	Good Some	Difficulties	Many Difficu	ılties

If any of the following difficulties were p	
Severe Nausea and Vomiting	
Weight Loss	Fever or Infection
High Blood Pressure	
Marked Weight Gain (over 3	0 lbs.) to fetus)
Was there bleeding during pregnancy?	During 1 st to 3 rd month
	During 3 rd to 6 th month
	During 6 th to 9 th month
Did mother use any of the following duri	ng pregnancy?
Alcohol	
Coffeine	Coopina
Carreine Marijuana	Amphetamines
Prescription Medication	
Other Substances (i.e., heroi	ne, inhalants)
Infectious diseases during pregnancy: (Ple	ease indicate month of pregnancy.)
German Measles Mo	onth Mumps Month
	Syphilis Montl
Other Month	
	
Was the child born at full term? YES	S NO
	S NO
What part of the child was born first?	
What part of the child was born first? head buttoc	ks or breech cesarean
What part of the child was born first?	ks or breech cesarean
What part of the child was born first? head buttoc other (specify)	ks or breech cesarean
What part of the child was born first? head buttoc other (specify) What was the condition of the child immediately	ks or breech cesarean ediately after birth?
What part of the child was born first? head buttoo other (specify) What was the condition of the child imm Good Dela	ks or breech cesarean ediately after birth? yed breathing Oxygen needed
What part of the child was born first? head buttoc other (specify) What was the condition of the child imme Good Dela Blue baby Dela	ks or breech cesarean ediately after birth? yed breathing Oxygen needed yed crying Convulsions
What part of the child was born first? head buttoc other (specify) What was the condition of the child imm Good Dela Blue baby Dela	ks or breech cesarean ediately after birth? yed breathing Oxygen needed
What part of the child was born first? head buttoc other (specify) What was the condition of the child imme Good Dela Blue baby Dela	ks or breech cesarean ediately after birth? eyed breathing Oxygen needed eyed crying Convulsions er
What part of the child was born first? headbuttoc other (specify) What was the condition of the child immGoodDelaBlue babyDelaJaundiceOthe What was the child's birth weight? Was the child placed in an incubator?	ks or breech cesarean ediately after birth? ediately after birth? ediately after birth? Eyed breathing Oxygen needed eyed crying Convulsions er
What part of the child was born first? headbuttoc other (specify) What was the condition of the child immGoodDelaBlue babyDelaJaundiceOthe What was the child's birth weight? Was the child placed in an incubator?	ks or breech cesarean ediately after birth? lyed breathing Oxygen needed lyed crying Convulsions er YES NO n? YES NO
What part of the child was born first? headbuttoc other (specify) What was the condition of the child immeGoodDelaBlue babyDelaJaundiceOthe What was the child's birth weight? Was the child placed in an incubator? How long?Why? Was there any physical deformity at birth	ks or breech cesarean ediately after birth? ediately after birth? ediately after birth? Expect Oxygen needed Convulsions er YES NO en? YES NO

Dressing self		Feeding se	elf
Dressing self Catching bounced b	oall	Hopping o	on one foot
Play in groups of 2	or more children		
Age stopped wetting pants or di	iapers during day:		
Age stopped wetting the bed at	night:		
Age considered completely train			
Were there any difficulties in be	owel training?		
3.7 11.001 1.1	_	Irregularity	
Constinution		Smearing	
Relapse after learni	ng	Other	
How would you describe you	r child during the	e first six mon	ths? (check all tha
apply) Mildly active	Tearf	511	Whining
Content	Quie	 f	Winning Kicking/restless
Smiling/cooing	Cudd		Other
Simming/coomig	Cudo		Other
YESNO Did your child have difficultiesNo difficultiesDelayed speech	in the development Hard to Substitu	nt of speech? understand ution	
Baby talk	Stamme	ering	
Describe speech problems: _			
EMOTIONAL AND BEHAL List deaths in the family that has who ordinarily disciplines your Mother Father	ve affected the chi	ld:	
How have you disciplined your	child? (Check co	rrect space(s).)	
Spanking			
Isolation			
Slapping	other		
Have these methods been effect If not, explain:			
Has the child ever been involved If yes, at what age	d in setting fires?	YES _	NO

Prefers younger Prefers same age or older Has no friends Usually well liked by most children Ex any of the following behaviors that occur for uding brothers & sisters) Hostility Lying Stealing Manipulativeness Physical fighting Teases Is tease The tease the number which now best describes your experience with the properties of the p		family? Prefers younger	Usually	disliked by most ch
Usually well liked by most children Ek any of the following behaviors that occur fuding brothers & sisters) Hostility Cheating Lying Stealing Manipulativeness Submis Physical fighting Crying Teases Is teased		Prefers same age or older	Usually	aggressive
Usually well liked by most children Ek any of the following behaviors that occur fuding brothers & sisters) Hostility Cheating Lying Stealing Manipulativeness Submis Physical fighting Crying Teases Is teased		Has no friends	Usually	quarrelsome
Hostility Cheating Stealing Manipulativeness Submis Physical fighting Crying Teases Is teased the number which now best describes your VERACTIVE UNAPPY MOST OF THE TIME UNAPP		Usually well liked by most	children	
Hostility Cheating Stealing Manipulativeness Submiss Physical fighting Crying Teases Is teased the number which now best describes your VERACTIVE	g.		that occur frequently	with other children
LyingStealingSubmissSubmissSubmissSubmissSubmissSubmiss			Chasting	Argumantatis
Manipulativeness Submis Physical fighting Crying Teases Is teased ethe number which now best describes your veractive UN 2 3 APPY MOST OF THE TIME UN 2 3 ERSISTENT WITH TASKS GRESISTENT WITH TASKS GRESISTENT WITH TASKS 2 3 EPENDENT			Cheating	Argumentan
Physical fighting Crying Teases Is teased to the number which now best describes your veractive UN 2 3 APPY MOST OF THE TIME UN 2 3 ERSISTENT WITH TASKS GIVEN 2 3 CCEPTS CHANGE EASILY REDOD ATTENTION SPAN DISCEPENDENT 2 3 CODD ATTENTION SPAN DISCEPENDENT 2 3 CODD ATTENTION SINTENSELY DOD 2 3 CRUTHFUL UN 2		Lying	Steaming	Domination
te the number which now best describes your VERACTIVE				
te the number which now best describes your VERACTIVE		Physical fighting	Crying	Jealousy
VERACTIVE UN 2 3 APPY MOST OF THE TIME. UN 2 3 ERSISTENT WITH TASKS GI 2 3 CCEPTS CHANGE EASILY RE 2 3 EPENDENT IN 2 3 CODD ATTENTION SPAN DISTENSION DISTENS		Teases	Is teased	Avoidance
2 3 ERSISTENT WITH TASKS	h.		<u> </u>	
APPY MOST OF THE TIME. UN 2 3 ERSISTENT WITH TASKS				IVE
2 3 CCEPTS CHANGE EASILY		· =		
2 3 3 2 3 3 2 3 3 2 3 3				OST OF THE TIME
2 3 EPENDENT		1 2	3 CIVIES LIDE	
2 3 3 2 3 3 2 3 3 3				ASILY WITH TASKS
2 3 DOD ATTENTION SPAN		1 2	DEGIGTS CIL	ANCE IN DOLUTINE
2 3 3 2 3 3 3 3 3 3				ANGE IN ROUTINE
2 3 KPRESSES EMOTIONS INTENSELY			_	NT
2 3 KPRESSES EMOTIONS INTENSELY				IN I
2 3 RUTHFUL			DISTRACTA	RIF
2 3 2 3 3 1 1 1 1 1 1 1				DLL
2 3 HY		<u> </u>		EXPRESS EMOTION
RUTHFUL				ZII RESS ENIOTION
2 3 GGRESSIVE UNDER STRESS				III.
2 3 GGRESSIVE UNDER STRESS				CL
GGRESSIVE UNDER STRESS		SHY	OUTGOING	
ggressive under stress				
your child shown any early sexual interest, ac NO If yes, describe			_	S UNDER STRESS
NO If yes, describe				
NO If yes, describe	i			or involvements?
	1.			
here any possibilities that this child has been	i. j.		es, describe o	or explai
	(
ek any of the following behaviors that occur f Hostility Cheating		Lying :	Stealing	Domination

	Submissiveness		Manipulativeness
	Physical Fighting Teases		Jealousy
	Has this child ever had a significantly fr YES NO If yes, des	cribe the exper	
	Does this child have problems with tem If yes, describe the temper problems and	-	
n. Y	What fears has your child had which see Dogs, animals Bad d Storms School Noises Dark	reams l	_ Doctors
o. l	Has your child ever been cruel to anima	ls? YES	NO
	 Body rocking Other repetitive body movemen Nail biting Head banging Sucking thumb Other 		
VI.	EDUCATIONAL HISTORY		
	a. Name of child's school		Grade
	b. List and give dates of any spe disability programs, or speech th		
	c. How many schools has the child	attended since	e 1 st grade?
	d. Has your child been required to r	epeat a grade i	n school? YES NO
	e. How many times has the family i	moved?	
	g. Describe any difficulty your child	l has had with l	learning problems:
	h. How many days of school did y	our child miss	during the past year, and for

	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:?
VII.	SO	CIAL 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. Not whether full, half, or step siblings, and where each lives.
		Name Sex Age Birthdate Grade Full/Half/Step Live Where
	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

List any significant health or b father:	-	Ild's mother or
Marital status of the natural/ad Married & living togetherParents divorcedFather remarriedSeparatedC	Never marri One parent o Mother remarri	ed & living together dead arried
Parents current marital satisfac	ction: Good Fai	r Poor
Does the family have unusual f	financial problems? YES _	NO
Circle one for each parent. This is the (1^{st}) (2^{nd}) (3^{rd}) This is the (1^{st}) (2^{nd}) (3^{rd})	(4 th) marriage for the (4 th) marriage for the	Mother of this child Father of this child
If parents are divorced, what ar describe visitation method:	•	_
Parents Relative Parent & step parent Others (specify) Primary language spoken in the Other languages spoken in hom	Adoptive parents (One parent & relativ
Is there any psychiatric or phys an "x" at left, and specify the This applies to parent as we important question and it shoul	sical illness in the family: I relationship to child and p ll as other biological rel	parental side at right atives. (This is a
	Mother's side	Father's side
Drug or alcohol abuse		
Depression Nervous breakdown		
Free vous 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.	M]	EDICAL HISTORY 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?

j.	Does your child have allergies or asthma? YES NO Describe
RI a.	ELIGIOUS INTERESTS, HOBBIES, AND ACTIVITIES List the child's past and present organized social, community, recreati activities (e.g., Scouts, Little League, sports activities, lessons, etc.)
b.	Describe the child's religious interests or activities: High Medium Low None
	MMARY a brief statement, please describe your child: