



**Parent Clinical Questionnaire**  
**(Children 18 years and younger)**

**I. General Information**

Child's Name \_\_\_\_\_

D.O.B. \_\_\_\_\_

Child's School \_\_\_\_\_

Grade/Teacher \_\_\_\_\_

Your Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Insurance and ID # \_\_\_\_\_

Person carrying insurance and their DOB: \_\_\_\_\_

Please list all people who live in your household (beginning with yourself)

	Name	Age	Sex	Relationship to Patient	Highest Education
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Marital Status of the child's biological parents:

Single/Married/Divorced/Remarried/Living Together/Deceased

If biological parents of the child are divorced, please briefly describe the custody agreement

\_\_\_\_\_

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Your Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

Other Parent's Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

Did you adopt this child? \_\_\_\_\_

If yes, how old was the child when adopted? \_\_\_\_\_

**II. Clinical Data-History**

- Developmental History
- List any difficulties experienced during pregnancy  
\_\_\_\_\_
- List any difficulties experienced during delivery  
\_\_\_\_\_

Developmental Milestones	Early/ Within normal expectations/delayed	If delayed, please elaborate
Sitting		
Standing		
Walking		
Talking		
Toilet Training		

- Why does your son/daughter need therapy at this time?
  
- Briefly describe the history of these problems, include any and all stress factors that trigger or intensify these problems.
  
- What have you tried to do to help your son/daughter with these problems?

- How has your child's problems affected you and others in your family?
  
- How well does your child do at school? What do teachers say about your son/daughter? Has s/he been involved with any special education programs or alternative education programs? Has your child ever been evaluated for intellectual ability or had any other psychological tests performed?
  
- Does your son/daughter have a history of being physically or verbally abusive toward others?
  
- Describe any concerns that you have about your child's use of alcohol, drugs and or tobacco products.
  
- Has your son/daughter received mental health services in the past? Please indicate the reason, date, location, and therapist's name for each occurrence of therapy.
 

<u>Reason</u>	<u>Date</u>	<u>Location</u>	<u>Therapist</u>
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- Has your child been hospitalized for any psychological/psychiatric problems? Please indicate reason, date, hospital name, and primary therapist for each occasion.
 

<u>Reason</u>	<u>Date</u>	<u>Location</u>	<u>Therapist</u>
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- Describe any major illnesses, accidents, physical disability or limitations affecting your child.

Date    Illness/Accident/Handicap                      Hospital                      Prescribing Physician

- List any medication that your son/daughter is currently prescribed or using (including over the counter)

Medication	Dose	Date Prescribed	Reasons	Prescribing Physician

- Briefly describe any aspects of your family or family history that you believe may have a bearing on the present difficulties.
- Describe any legal problems involving your child.
- List any concerns that you may have regarding your child’s social adjustment.

### Parent Rating

Please check the column that best describes your child.

Please write "DK" next to any items for which you don't know the answer.

	Not at All	Just a Little	Pretty Much	Very Much
Often intrudes on other's activities, conversations, personal space, etc.				
Has run away from home overnight at least twice while living in parental or parental surrogate home (or without returning for a lengthy period)				
Often argues with adults				
Often lies to obtain goods or favors or to avoid obligations (i.e. "cons" others)				
Often initiates physical fights with other members of his or her household				
Has been physically cruel to people				
Often talks excessively				
Has stolen items of nontrivial value without confronting a victim (shoplifting, forgery, etc.)				
Is often easily distracted by extraneous stimuli				
Engages in physically dangerous activities without considering possible consequences (not for the purpose of thrill seeking /e.g. runs into the street without looking)				
Often truant from school, beginning before the age of 13 years				
Often fidgets with hands or feet or squirms in seat				
Is often spiteful or vindictive				
Often swears or uses obscene language				
Often blames others for his/her mistakes or misbehavior				
Has deliberately destroyed other's property (other than by fire setting)				
Often actively defies or refuses to comply with adults' requests or rules				
Often does not seem to listen to when spoken directly				
Often blurts out answers before questions have been completed				
Often initiates physical fights with others outside of the household (at school or in the neighborhood)				
Often shifts from one uncompleted task to another				
Often has difficulty playing or engaging in leisure activity quietly				
Often fails to give close attention to details or makes careless mistakes in school work, work, or other activities				
Is often angry and resentful				
Often leaves seat in classroom or in other situations in which remaining seated is expected				
Is often touchy or easily annoyed by others				
Often does not follow through on instructions and fails to finish school work, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)				
Often loses temper				
Often has difficulty sustaining attention in tasks or play activities				
Often has difficulty awaiting turn				
Has forced someone into sexual activity				
Often bullies, threatens, or intimidates others				
Is often "on the go", or often acts as if "driven by a motor"				
Often loses things necessary for tasks or activities "school assignments, pencils, books, tools, or toys"				

Often runs about or climbs excessively during inappropriate situations (in adolescents or adults, may be limited to subjective feelings of restlessness)				
Has been physically cruel to animals				
Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort “such as schoolwork or homework”				
Often stays out at night despite parental prohibitions, beginning before age 13 years				
Often deliberately annoys people				
Has stolen while confronting a victim “mugging, purse snatching, extortion, armed robbery”				
Has deliberately engaged in fire setting with the intention of causing serious damage				
Often has difficulty organizing tasks and activities				
Has broken into someone else’s house, car, or business				
Is often forgetful in daily activities				
Has used a weapon with the intention of physically harming others (e.g. a bat, brick, broken bottle, knife, gun).				