FAMILY QUESTIONNAIRE

Child's Name: _____ Today's Date: _____

Birth Date: _____ Age: _____ Sex: □ Male □ Female

Home Address: _____ Phone: _____

Postal Code: _____ School: _____

Person completing this form: □ Mother □ Father □ Stepmother □ Stepfather □ Guardian □ Other

Mother's Name: _____ Education: _____ Occupation: _____

Father's Name: _____ Education: _____ Occupation: _____

Stepparent's Name: _____ Education: _____ Occupation: _____

Marital Status of Parents: □ Married □ Separated □ Divorced □ Widowed

If separated or divorced, how old was the child when the separation occurred? _____

Primary language spoken in the home: _____ Other languages spoken in the home: _____

Was the child adopted? □ Yes □ No If yes, at what age? _____ Does the child know? □ Yes □ No

If referred for this assessment, who referred you here? _____

PRESENTING PROBLEM

Briefly describe your child's current difficulties: _____

_____

_____

_____

How long has this problem been of concern to you? _____

_____

When was the problem first noticed? _____

_____

What seems to help the problem? _____

_____

What seems to make the problem worse? _____

_____

Have you noticed changes in the child's abilities? □ Yes □ No

If yes, please describe: _____

_____

Have you noticed changes in the child's behaviour? □ Yes □ No
If yes, please describe: _____

Has the child been evaluated or treated for the current problem or similar problems? □ Yes □ No
If yes, when and with whom? _____

Is the child being treated for a medical illness? □ Yes □ No
If yes, for what condition is the child being treated? _____

Is the child on any medication at this time? □ Yes □ No
If yes, please note the kind of medication: _____

Has the child previously received counselling? □ Yes □ No
If yes, when and with whom? _____

Has the child previously undergone a formal psychological assessment? □ Yes □ No
If yes, when and were there any diagnoses? _____

What specific questions would you like answered by this assessment? _____

BEHAVIOURAL/EMOTIONAL CONCERNS

Place a check next to any behaviour or problem that your child currently exhibits.

Inattention:

□ Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
□ Often has difficulty sustaining attention to tasks or play activities
□ Often does not seem to listen when spoken to directly
□ Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behaviour or failure to understand instructions)
□ Often has difficulty organizing tasks and activities
□ Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
□ Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
□ Is often easily distracted by extraneous stimuli
□ Is often forgetful in daily activities

How long have these been of concern to you? _____

Impulsivity:

□ Often blurts out answers before questions have been completed
□ Often has difficulty awaiting turn
□ Often interrupts or intrudes on others (e.g., butts into conversations or games)

How long have these been of concern to you? _____

Hyperactivity:

- Often fidgets with hands or feet or squirms in seat
- Often leaves seat in classroom or in other situations in which remaining seated is expected
- Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- Often has difficulty playing or engaging in leisure activities quietly
- Is often "on the go" or often acts as if "driven by a motor"
- Often talks excessively

How long have these been of concern to you? _____

Oppositional Behaviours:

- Often loses temper
- Often actively defies or refuses to comply with adults' requests or rules
- Often blames others for his or her mistakes or misbehaviour
- Is often angry or resentful
- Often argues with adults
- Often deliberately annoys people
- Is often touchy or easily annoyed by others
- Is often spiteful or vindictive

How long have these been of concern to you? _____

Inappropriate Conduct:

- Often bullies, threatens, or intimidates others
- Has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, knife, gun)
- Has stolen while confronting a victim (e.g., mugging, purse snatching, armed robbery)
- Has deliberately engaged in fire setting with the intention of causing serious damage
- Has broken into someone else's house, building, or car
- Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking & entering, forgery)
- Has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for lengthy a period)
- Often initiates physical fights
- Has been physically cruel to people
- Has been physically cruel to animals
- Has forced someone into sexual activity
- Has deliberately destroyed others' property (other than by fire setting)
- Often lies to obtain goods or favours or to avoid obligations (i.e., "cons" others)
- Often stays out at night despite parental prohibitions, beginning before age 13 years
- Is often truant from school, beginning before age 13

How long have these been of concern to you? _____

Depression:

- Depressed mood most of the day, nearly every day, as indicated by either subjective reports (e.g., feel sad or empty) or observations made by others (e.g., appears tearful). **Note:** in children and adolescents, can be irritable mood
- Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observations made by others)
- Significant weight loss when not dieting or weight gain (e.g., a change of more than 5 percent of body weight in a month), or decrease or increase in appetite nearly every day. **Note:** In children, consider failure to make expected weight gains
- Difficulty falling asleep or waking up
- Physical restlessness (observable by others, not merely subjective feelings of restlessness or being slowed down)
- Fatigue or loss of energy nearly every day
- Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)
- Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)
- Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or suicide attempt or a specific plan for committing suicide

How long have these been of concern to you? _____

Anxiety:

- □ Excessive worrying or anxiety (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as school performance)
- □ Finds it difficult to control the worry
- □ Feelings of restlessness or being on edge
- □ Being easily fatigued
- □ Difficulty concentrating or mind going blank
- □ Irritability or anger
- □ Muscle tension
- □ Sleep disturbances (difficulty falling or staying asleep, or restless unsatisfying sleep)

How long have these been of concern to you? _____

ACADEMIC CONCERNS

At what age did your child begin kindergarten? _____ What is his or her current grade? _____

Is your child in a special education class? □ Yes □ No
If yes, what type of class? _____

Has your child been held back a grade? □ Yes □ No
If yes, what grade and why? _____

Has your child ever received special tutoring or therapy at school? □ Yes □ No
If yes, please describe: _____

Has your child's school performance become poorer recently? □ Yes □ No
If yes, please describe: _____

Has your child missed a lot of school? □ Yes □ No
If yes, please indicate reasons: _____

DEVELOPMENTAL HISTORY

Were there any problems during the pregnancy? □ Yes □ No
If yes, what kind? _____

Was this a first pregnancy? □ Yes □ No
If no, how many times was the mother previously pregnant? _____

During pregnancy, did the mother drink alcoholic beverages? □ Yes □ No
If yes, what did she drink? _____

Approximately how much alcohol was consumed each day? _____

When was the alcohol consumed? □ 1st trimester □ 2nd trimester □ 3rd trimester

Were there times when five or more drinks were consumed at one time during pregnancy? □ Yes □ No

If yes, during which trimester? □ 1st trimester □ 2nd trimester □ 3rd trimester

During pregnancy, did the mother use drugs (including prescription, over-the-counter, and recreational)?
□ Yes □ No
If yes, what kind?_____

During pregnancy, was the mother exposed to any x-rays or chemicals? □ Yes □ No
If yes, what kind?_____

Were there any complications associated with the delivery? □ Yes □ No
If yes, what kind?_____

Was the child premature? □ Yes □ No If yes, by how many weeks? _____

What was the child's birth weight?_____

Were there any birth defects or complications? □ Yes □ No
If yes, please describe: _____

Were there any other problems? □ Yes □ No
If yes, please describe: _____

CHECKLIST FOR SOCIAL & EMOTIONAL CONCERNS

Place a check next to any behaviour or difficulty that your child currently exhibits.

- □ Has difficulty making friends
- □ Has difficulty keeping friends
- □ Does not get along with other children
- □ Fights with other children
- □ Is more interested in things (objects) than in people
- □ Prefers to be alone
- □ Does not get along well with siblings
- □ Refuses to share
- □ Does not understand other people's feelings
- □ Constantly seeks attention
- □ Requires constant supervision
- □ Lies
- □ Steals
- □ Is disobedient
- □ Eats poorly
- □ Is clumsy
- □ Is nervous
- □ Is immature
- □ Is easily frustrated
- □ Worries excessively
- □ Feels that he or she is bad
- □ Does not show feelings
- □ Gets hurt frequently
- □ Does not learn from experience
- □ Shows sexually provocative or inappropriate behaviour
- □ Is slow to learn
- □ Has difficulty accepting criticism
- □ Has difficulty with coordination
- □ Has unusual motor tics
- □ Has unusual vocal tics
- □ Bites nails
- □ Sucks thumb
- □ Is jealous
- □ Is shy and/or timid
- □ Is aggressive
- □ Is argumentative
- □ Has too many accidents
- □ Injures self intentionally
- □ Shows anger easily
- □ Engaged in dangerous behaviour
  If yes, describe: _____
- □ Has unusual fears, habits, or mannerisms
  If yes, describe: _____
- □ Rocks back and forth
- □ Has trouble sleeping
- □ Has frequent nightmares
- □ Wets the bed
- □ Tires easily and has little energy
- □ Complains of aches and pains

CHILD'S MEDICAL HISTORY

Place a check next to any illness or condition that your child has had. When you check an item, please note the approximate age of the child when he or she had the illness or condition and any other pertinent information.

Illness or Condition	Age	Explain
☐ Encephalitis	_____	_____
☐ Meningitis	_____	_____
☐ Diabetes	_____	_____
☐ Fainting Spells	_____	_____
☐ Memory Problems	_____	_____
☐ Eye Problems	_____	_____
☐ Ear Problems	_____	_____
☐ Suicide Attempt(s)	_____	_____
☐ Sleeping Problems	_____	_____
☐ Extreme Tiredness	_____	_____
☐ Frequent Headaches	_____	_____
☐ Convulsions	_____	_____
☐ Epilepsy	_____	_____
☐ Asthma	_____	_____

Has your child had any other serious illnesses? ☐ Yes ☐ No
If yes, what illness? _____

Has your child been hospitalized? ☐ Yes ☐ No
If yes, please describe: _____

Has your child had any operations? ☐ Yes ☐ No
If yes, please describe: _____

Has your child had any accidents? ☐ Yes ☐ No
If yes, please describe: _____

Has your child had a head injury? ☐ Yes ☐ No
If yes, please describe: _____

Has your child ever lost consciousness? ☐ Yes ☐ No
If yes, please describe: _____

Has your child experienced any emotional trauma? ☐ Yes ☐ No
If yes, please describe: _____

Additional Comments:

_____
_____
_____
_____
_____