Questionnaire for Primary Caregivers

Date: _____ Person Completing Form: _____ Relationship to Child: _____
Child's Name: _____Date of Birth: _____Age: ____
Mother's Name: _____Date of Birth: _____
Mother's Occupation and Work Hours: _____
Father's Name: _____ Date of Birth: _____
Father's Occupation and Work Hours: _____
Email Addresses for Parents:_____
Child's School: _____ Teacher: _____ Grade: _____Phone #_____
Who has Custody of the child? _____ (please provide copy of custody order for the file)

List all those living in the child's home:

Name	Relationship	Age/School/ Occupation

List other persons closely involved with the child but not living in the home._____
_____

What are you concerns about your child that made you bring him/her to counseling?_____
_____

DEVELOPMENTAL HISTORY
Describe any difficulties mother experienced during pregnancy: (emotional status during pregnancy, excessive nausea, serious illness, drug or alcohol use): _____
_____

Describe any major difficulties during labor or delivery: (Mother's health at time of delivery or prenatal complications type of delivery) _____
_____

Were child's developmental milestones met on time (Walking, talking, toilet training, etc.)?
_____
_____
Describe the first year of life (early feeding and attachment behavior, how easy was it to calm or soothe the baby?)
_____
_____

Any medical history: (Hospitalizations, medications, other evaluations, hearing, vision status, injuries)

_____

_____

CHILD AND FAMILY INFORMATION

Please describe and stressful or traumatic events your child has experienced: _____

_____

_____

Please describe how your child is functioning at school (academically, socially, and behaviorally):

_____

_____

Please list any on-going medications your child has or is taking and describe for what purpose:

_____

_____

Has your child been seen for assessment or counseling? (If yes, indicate name of professional, date/place of services, for what purpose and any diagnosis provided)

_____

_____

Please describe your relationship with your child:

_____

_____

Please describe how your child gets along with other family members:

_____

_____

How is your child disciplined and by whom?

_____

_____

Please describe any concerns about your family listed below:

Health concerns: _____

Mental Illness: _____

Alcoholism/drug addiction: _____

Death in family: _____

Job loss: _____

Marital Difficulties: _____

Physical/sexual/emotional abuse: _____

Other:_____

_____

Were there any major disruptions in your child's life? (deaths/ losses-people or pets, absences, etc., problems in separation with caretakers, day care, preschool, school experiences, homelessness, disasters/catastrophic events):

_____

_____

Describe your child's personality: _____

_____

Describe your child's favorite activities:_____

_____

What do you like best about your child? _____

_____

How you spend time with your child (activities or things you do together)?

_____

_____

_____

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Symptom/Problem Checklist (Adapted from the Achenbach Child Behavior Checklist)

Please check if your child is experiencing any of the following:

SYMPTOM	FREQUENTLY	SOMETIMES	PLEASE DESCRIBE
Difficulty sleeping			
Nightmares			
Startles easily, very jumpy			
Shows little or no emotion			
Unusually clingy			
Afraid to be alone			
Avoids certain people, things, place			
Difficulty concentrating or focusing			
Stomachaches, headaches			
Little sense of joy or happiness			
Cries a lot			
Talks about or has attempted suicide			
Hurts self on purpose			
Change in eating habits			
Frequent tantrums or irritability			
Increased aggression			
Hurts animals on purpose			
Fascinated with fires or sets fires			
Hides food			
Wets bed or soils self			
Refuses to go to the bathroom			
Urinates in place other than bathroom			
Washes self excessively			
Masturbates excessively			
Touches other inappropriately			
Engages in risky behaviors			
Abuses alcohol/drugs			
Lies/steals			
Has unusual tics or mannerisms			
Doesn’t trust others			
Poor peer relationships			
Says does not self/ body			

Are there any other symptoms or behaviors you are concerned about:

_____

_____

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Mother's Background:
Where were you raised and by whom? Describe past/current relationship with your parents:

List brothers and sisters, their ages, whereabouts, current relationship you have:

Describe any of the following you/your family experience during childhood and how it affected you (physical/sexual abuse, neglect abandonment, spousal abuse divorce, other trauma)

Who were you closest to when you were a child? Describe the relationship with that person:

How were you disciplined and by whom?

Describe the happiest time/experience you recall from your childhood:

Describe the saddest time/experience you recall from your childhood:

Describe if you or any relatives have ever had any of the following:

Serious illness	Depression/ Bipolar Disorder	Anxiety Disorder	Obsessive –Compulsive Disorder
Eating Disorder	Alcoholism /Drug Abuse	Learning Disability/ ADHD	Criminal Conviction

Please add any other information about your background that you feel is important:

Father's Background:
Where were you raised and by whom? Describe past/current relationship with your parents:

List brothers and sisters, their ages, whereabouts, current relationship you have:

Describe any of the following you/your family experience during childhood and how it affected you (physical/sexual abuse, neglect abandonment, spousal abuse divorce, other trauma)

Who were you closest to when you were a child? Describe the relationship with that person:

How were you disciplined and by whom?

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Describe if you or any relatives have ever had any of the following:

Serious illness	Depression/ Bipolar Disorder	Anxiety Disorder	Obsessive –Compulsive Disorder
Eating Disorder	Alcoholism /Drug Abuse	Learning Disability/ ADHD	Criminal Conviction

Please Check box as needed.

Background of Other Primary Caregivers (Step-parents, foster-parent, Common-Law Partner)

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Where were you raised and by whom? Describe past/current relationship with your parents:

_____

_____

List brothers and sisters, their ages, whereabouts, current relationship you have:

_____

_____

Describe any of the following you/your family experience during childhood and how it affected you (physical/sexual abuse, neglect abandonment, spousal abuse divorce, other trauma)

_____

_____

Who were you closest to when you were a child? Describe the relationship with that person:

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Eating Disorder	Alcoholism /Drug Abuse	Learning Disability/ ADHD	Criminal Conviction

Please add any other information about your background that you feel is important:

_____

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_____

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_____