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Child Adolescent Parent Questionnaire

Name of Child:_____
Person completing questionnaire:_____
Date of review with therapist:_____
Present at review:_____
DOB:_____**AGE:**_____ **Gender: M** ☐ **F** ☐ **Other**☐
School:_____**Grade:**_____
Concern: (Check those that apply)
ADHD☐ BEHAVIOR☐ DEPRESSION☐ ANXIETY☐ DYSLEXIA☐ DYSGRAPHIA☐ DYSCALCULIA☐
TOURETTES☐
Describe:_____
_____
URGENCY (Why Now?) _____

Developmental History: Check
Pregnancy: ☐ Normal ☐Complicated HOW?_____
Delivery: ☐Normal ☐Complicated HOW?_____
Milestones: ☐Normal ☐Delayed WHAT?_____
Health: ☐Normal ☐Problems WHAT?_____
Vision: ☐ Normal ☐ Problems WHAT?_____
Hearing: ☐Normal ☐ Problems WHAT?_____
Activity: ☐ Normal ☐Problems WHAT?_____
Motor Skills: ☐ Normal ☐Problems WHAT?_____
Social: ☐Normal ☐Problems WHAT?_____
Family Function: ☐Normal ☐Problems WHAT?_____
Environment Allergies: ☐YES ☐NO If yes What?_____
Allergies to Meds: ☐ YES ☐ NO If yes What?_____
Sleep Problems: ☐ YES ☐ NO If yes What?_____
Appetite Problems: YES NO If yes What?_____
Physical Accidents (concussions, ect) ☐ YES ☐NO If yes What?_____ _

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Family:

Father's Name: _____ Mother's Name:_____

Divorced : ☐ YES ☐ NO Separated: ☐YES ☐NO (IF YES WHEN?)_____

Step- Father Name:_____ Step-Mother Name:_____

Siblings:

Name:_____Age:_____

Name:_____Age:_____

Name:_____Age:_____

Name:_____Age:_____

Name:_____Age:_____

Family History of any of the following: (Check all that apply)

Paternal: ☐ADHD - ☐LEARNING - ☐ SUBSTANCE ABUSE - ☐ALCOHOLISM -☐ ANXIETY - ☐DEPRESSION - ☐BIPOLAR –☐ PSYCHOSIS ☐BEHAVIOR PROBLEMS - ☐ TOURETTES/ TICS ☐ OTHER_____

Maternal: ☐ADHD - ☐LEARNING - ☐SUBSTANCE ABUSE - ☐ALCOHOLISM - ☐ANXIETY -☐ DEPRESSION - ☐ BIPOLAR –☐ PSYCHOSIS ☐BEHAVIOR PROBLEMS - ☐TOURETTES/ TICS ☐OTHER_____

School History:

Primary School Where?_____

Problems?_____

Middle School Where?_____

Problems?_____

High School Where?_____

Problems?_____

Symptoms:

Rate as : ("3" Very Often) ("2" Often) ("1" Rarely) ("0" Never)

Fails to give close attention to details or makes careless mistakes in school work or work	☐0	☐1	☐2	☐3
Doesn't seem to listen when spoken to directly	☐0	☐1	☐2	☐3
Doesn't follow directions	☐0	☐1	☐2	☐3
Difficulty organizing tasks and activities	☐0	☐1	☐2	☐3
Avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort	☐0	☐1	☐2	☐3
Forgetful	☐0	☐1	☐2	☐3
Daydreams	☐0	☐1	☐2	☐3
Loses things necessary for tasks/activities	☐0	☐1	☐2	☐3
Easily distracted	☐0	☐1	☐2	☐3
Fidgets with hands or feet	☐0	☐1	☐2	☐3
Leaves seat when expected to sit	☐0	☐1	☐2	☐3
Runs about and climbs	☐0	☐1	☐2	☐3
Difficulty playing in activities quietly	☐0	☐1	☐2	☐3

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On the go	☐0	☐1	☐2	☐3
Talks excessively	☐0	☐1	☐2	☐3
Blurts our answers before questions are completed	☐0	☐1	☐2	☐3
Difficulty awaiting turns	☐0	☐1	☐2	☐3
Interrupts/ intrudes on others conversations or other activities	☐0	☐1	☐2	☐3

Did these above problems occur before the age of seven (Check): ☐YES ☐NO

RATE AS: ("3" Very Often) ("2" Often) ("1" Rarely) ("0" Never)

Loses temper	☐0	☐1	☐2	☐3
Argues with Adults	☐0	☐1	☐2	☐3
Defiant	☐0	☐1	☐2	☐3
Deliberately annoys others	☐0	☐1	☐2	☐3
Blames others	☐0	☐1	☐2	☐3
Touchy/easily annoyed	☐0	☐1	☐2	☐3
Angry. / resentful	☐0	☐1	☐2	☐3
Spiteful / Vindictive	☐0	☐1	☐2	☐3

Have problems occurred over the last six months? YES_____ NO_____

RATE AS ("3" VERY OFTEN) ("2"OFTEN) ("1" RARELY) ("0" NEVER)

Bullies threatens intimidates	☐0	☐1	☐2	☐3
Initiates physical fights	☐0	☐1	☐2	☐3
Used a weapon	☐0	☐1	☐2	☐3
Physically cruel to people	☐0	☐1	☐2	☐3
Physically cruel to animals	☐0	☐1	☐2	☐3
Stolen with confrontation	☐0	☐1	☐2	☐3
Forced others to have sexual activity	☐0	☐1	☐2	☐3
Deliberately destroyed others property	☐0	☐1	☐2	☐3
Broken into someone's house or car	☐0	☐1	☐2	☐3
Lies to get what he/she wants	☐0	☐1	☐2	☐3
Stolen trivial items without confrontation	☐0	☐1	☐2	☐3
Stays out at night without permission	☐0	☐1	☐2	☐3
Has run away twice-lengthy	☐0	☐1	☐2	☐3
Truant	☐0	☐1	☐2	☐3

How Long have these been a problem?_____ months____ Years____

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RATE AS: (“3” VERY OFTEN) (“2” OFTEN) (“1” RARELY) (“0” NEVER)

Depressed or irritable mood most of day, nearly every day	☐0	☐1	☐2	☐3
Psychomotor agitation/retardation	☐0	☐1	☐2	☐3
Diminished pleasure in activities	☐0	☐1	☐2	☐3
Fatigue/loss of energy	☐0	☐1	☐2	☐3
Decrease/ increase in appetite	☐0	☐1	☐2	☐3
Feelings of worthlessness/guilt	☐0	☐1	☐2	☐3
Diminished ability to concentrate	☐0	☐1	☐2	☐3
Suicidal ideation	☐0	☐1	☐2	☐3
Attempt	☐0	☐1	☐2	☐3

How long have these been a problem?_____ months___ years____

RATE AS: (“3” VERY OFTEN) (“2” OFTEN) (“1” RARELY) (“0” NEVER)

Unrealistic/persistent worry about harm to attachment figures	☐0	☐1	☐2	☐3
Persistence avoidance of being alone	☐0	☐1	☐2	☐3
Repeated nightmares of separation from attachment figure	☐0	☐1	☐2	☐3
Persistent school refusal	☐0	☐1	☐2	☐3
Somatic complaints	☐0	☐1	☐2	☐3
Persistent refusal to sleep alone	☐0	☐1	☐2	☐3
Excessive distress in anticipation of separation	☐0	☐1	☐2	☐3
Excessive distress when separated from attachment figures	☐0	☐1	☐2	☐3

How long have these been a problem? _____ Months___ Years____

RATE AS: (“3” VERY OFTEN) (“2” OFTEN) (“1”RARELY) (“0” NEVER)

Unrealistic concern about past behavior	☐0	☐1	☐2	☐3
Marked self-consciousness	☐0	☐1	☐2	☐3
Unrealistic concern about competence	☐0	☐1	☐2	☐3
Excessive need to reassurance	☐0	☐1	☐2	☐3
Marked inability to relax	☐0	☐1	☐2	☐3

How long have these been a problem? _____Months___ Years___

RATE AS: (“3” VERY OFTEN) (“2” OFTEN) (“1”RARELY) (“0” NEVER)

Depressed or irritable mood most of the day for one year	☐0	☐1	☐2	☐3
Low Self-esteem	☐0	☐1	☐2	☐3
Poor appetite or overeating	☐0	☐1	☐2	☐3
Poor concentration/ making decisions	☐0	☐1	☐2	☐3
Insomnia	☐0	☐1	☐2	☐3
Hypersomnia	☐0	☐1	☐2	☐3
Feelings of hopelessness	☐0	☐1	☐2	☐3

Never without symptoms for 2 yrs ☐ most over one year☐

How long have these been a problem?_____ Months___ Years___

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RATE AS: ("3" VERY OFTEN) ("2" OFTEN) ("1"RARELY) ("0" NEVER)

Stereotyped mannerisms	☐0	☐1	☐2	☐3
Overreacts to touch	☐0	☐1	☐2	☐3
Odd Postures	☐0	☐1	☐2	☐3
Compulsive rituals	☐0	☐1	☐2	☐3
Excessive reactions to noise	☐0	☐1	☐2	☐3
Fails to react to loud noises	☐0	☐1	☐2	☐3
Involuntary motor movements	☐0	☐1	☐2	☐3
Asks endless string of questions	☐0	☐1	☐2	☐3
Significant deficiencies in social judgement/interaction	☐0	☐1	☐2	☐3
Problems in math, reading	☐0	☐1	☐2	☐3
Problems with organization, problem-solving, higher reasoning	☐0	☐1	☐2	☐3
Strengths include strong verbal and auditory attention/ memory	☐0	☐1	☐2	☐3
Lack of image, poor visual recall	☐0	☐1	☐2	☐3
Faulty spatial perception and spatial relations	☐0	☐1	☐2	☐3
Lack of coordination	☐0	☐1	☐2	☐3
Significant balance problems	☐0	☐1	☐2	☐3
Difficulty with fine motor skills	☐0	☐1	☐2	☐3
Frequent tantrums, difficulty soothing	☐0	☐1	☐2	☐3
Fear of new places	☐0	☐1	☐2	☐3
Anxiety	☐0	☐1	☐2	☐3
Comes across as self-centered	☐0	☐1	☐2	☐3
Seems incapable of dishonesty	☐0	☐1	☐2	☐3
Has grown more anxious and socially awkward over time	☐0	☐1	☐2	☐3
Trouble using scissors, tying shoes, forming letters when writing	☐0	☐1	☐2	☐3
Can read aloud but struggles to answer questions about what was read	☐0	☐1	☐2	☐3
Sees things in "black and white" or concretely	☐0	☐1	☐2	☐3
Fails to notice sarcasm or misses the joke	☐0	☐1	☐2	☐3
Gravitates toward younger children	☐0	☐1	☐2	☐3
Problems with abstract thinking	☐0	☐1	☐2	☐3
Reacts inappropriately in social situations, ie; laughs in sad situations	☐0	☐1	☐2	☐3
Avoids sleep overs or birthday parties because it changes routine	☐0	☐1	☐2	☐3
Things must be performed in a certain way	☐0	☐1	☐2	☐3
Obsessive fears that something awful may happen to self or significant others	☐0	☐1	☐2	☐3
Obsessive fears that they will harm themselves	☐0	☐1	☐2	☐3
Reacts with excessive anxiety and fearfulness in novel situations or with strangers	☐0	☐1	☐2	☐3
Reacts with excessive anxiety in situations involving separation	☐0	☐1	☐2	☐3
Is self- conscious and feels easily humiliated in social situations	☐0	☐1	☐2	☐3
Easily misjudges other people as threatening, intimidating or critical	☐0	☐1	☐2	☐3
Feels excessively warm/ hot at bedtime or overheats during the night	☐0	☐1	☐2	☐3
Feels cold in the morning having felt hot at bedtime	☐0	☐1	☐2	☐3
Feels excessively warm during the day in neutral temperatures	☐0	☐1	☐2	☐3
Has moderate to extreme cold tolerance (able to go out without a jacket)	☐0	☐1	☐2	☐3

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Overheats or sweats profusely with exertion.	☐0	☐1	☐2	☐3	
Frequent night terrors or nightmares	☐0	☐1	☐2	☐3	
Fear of going to sleep because of disturbing dreams	☐0	☐1	☐2	☐3	
Hypnagogic Hallucinations	☐0	☐1	☐2	☐3	
Excessively restless sleep	☐0	☐1	☐2	☐3	
Excessively aggressive or controlling speech	☐0	☐1	☐2	☐3	
Temper tantrums	☐0	☐1	☐2	☐3	
Often threatens or breaks objects, slams doors, smashes walls	☐0	☐1	☐2	☐3	
Sustained states of acute threat	☐0	☐1	☐2	☐3	
State of Potential Threat (anxiety)	☐0	☐1	☐2	☐3	
Free periods from threat are brief	☐0	☐1	☐2	☐3	
Episodes of extreme frustration for non reward		☐0	☐1	☐2	☐3
Low reward response as valuation		☐0	☐1	☐2	☐3
Goal selection and response selection narrow and fixated		☐0	☐1	☐2	☐3
Affiliation and attachment disruption		☐0	☐1	☐2	☐3
Impaired social communication recognition of facial and not facial communication		☐0	☐1	☐2	☐3
Impaired perception and understanding of others when actions and mental state are construed to be threating or disapproving		☐0	☐1	☐2	☐3
Impaired perception of self, self- knowledge, very self -centered		☐0	☐1	☐2	☐3
Day dreamy		☐0	☐1	☐2	☐3
Hypoactive (low energy)		☐0	☐1	☐2	☐3
Sleepiness		☐0	☐1	☐2	☐3
Staring		☐0	☐1	☐2	☐3
Spaciness		☐0	☐1	☐2	☐3
Mental fogginess and confusion		☐0	☐1	☐2	☐3
Slow Movement		☐0	☐1	☐2	☐3
Lethargy		☐0	☐1	☐2	☐3
Passivity		☐0	☐1	☐2	☐3

Check if displayed by your child/ adolescent:

☐My child cannot remember how to spell common words when writing letters, stories, etc
.☐My child can make A's in spelling but cannot retain these words for any length of time
☐My child can remember spelling words if they are given in the same order each time, but not if the order is changed.
☐My child spells words the way they sound
☐Learning and using phonic sounds is/was difficult for him/ her
☐Remembering the letter names and sounds was a difficult process for my child in the elementary grades.
☐My child does not read on his/her own for pleasure
☐My child does no enjoy the subject "Reading" in the classroom
☐My child has difficulty remembering what she/he reads
☐My child has difficulty comprehending what he/she reads.
☐When helping my child with homework, he/she seems to know all the information the night before, but forgets it when she/he takes the test the next day.
☐(Grades 1-2 only) My child has 1 or more hours of homework per night (average)
☐(Grades 3-8 only) My child has 3 or more hours of homework per night (average)
☐(Grades 9-12 only) My child struggles to complete homework, but often cannot understand it or find enough time to complete it accurately
☐A parent or sibling often must help with homework to complete on time
☐Sometimes my child deliberately forgets to bring homework home because of embarrassment or because it seems overwhelming.
☐The teacher has indicated that my child is lazy
☐The teacher has indicated that my child is not working up to his/her potential.
☐The teacher has indicated that my child could "do the work if they tried".
☐The teacher has indicated that my child is not motivated
☐The teacher has indicated that my child is slow or inaccurate when copying from the chalkboard.
☐My child has a poor grasp when she/he used a pencil
☐My child has messy handwriting.
☐My child has difficulty remembering names and directions.
☐My child has difficulty remembering lists and/or directions. (For example, a three step direction such as "Go upstairs, pick up your red shirt, and put it in the laundry basket.")
☐My child has difficulty pronouncing words correctly or expressing his/her ideas clearly
☐My child is unable to put his/her thoughts in writing.
☐Writing is a painful process for my child so she/he tends to avoid it.
☐Accurately copying from books or papers is very difficult for my child (this includes both words and math problems)
☐My child is slow at writing.
☐I expect my child to do well in school because he/she exhibited intelligent behaviors before entering .
☐His/her siblings all do well at school.

Substance/Alcohol Abuse ☐ yes ☐No If yes, What?_____ How Long?_____

_____

Other Problems:_____

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Comments:

FOR PROFESSIONAL USE ONLY:.

DIAGNOSES

AXIS I_____ R/O_____R/O_____

AXIS II_____AXIS III_____AXIS IV_____

CURRENT GAF_____

TREATMENT

PLAN:_____

_____

_____

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Reviewed by Steve Hoersting, M.Ed., LPP, CBIA Date

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