

Child Questionnaire

Please describe any concerns with your child’s behavior:

Please briefly describe any relevant family circumstances that may be affecting your child:

Please describe your child’s current experience in school:

Discuss any past or current health issues with your child, including prenatal:

Indicate what symptoms of behaviors you may have observed in the last 6 months:

Please circle any of the areas that are of concern for you about your child:

- Getting into trouble
- Getting along with mother
- Getting along with father
- Feeling unhappy or sad
- His or her behavior at school
- Having fun
- Getting along with adults other than mother or father
- Feeling nervous or worried
- Getting along with brothers or sisters
- Getting along with other kids his or her age
- Getting involved in activities like sports or hobbies
- His or her schoolwork
- Behavior at home

How much of your child's problems caused:

- ...interruption of personal time?
- ...disruption of family routines?
- ...any family member having to do without things?
- ...any family member to suffer negative mental or physical health?
- ...financial strain for your family?
- ...less attention to be paid to other family members?
- ...disruption of upset of relationships within the family?
- ...disruption of family's social activities?
- ...you to miss work or neglect other duties?