



PSYCHOLOGY DEPARTMENT
WCU PSYCHOLOGICAL SERVICES CLINIC

CHILD/ADOLESCENT BACKGROUND QUESTIONNAIRE

This form has been designed for completion by the parent or guardian of the child or adolescent referred for evaluation. As you complete the form, feel free to add any additional information which may be helpful in understanding your child. Use the backs of the pages as necessary. All information provided by you is strictly confidential and will not be released to anyone without your written authorization.

Child's Full Name: _____

Birthdate: _____ Age: _____ Sex: _____

Current School: _____ Grade: _____

Home Address: _____
Street

City, State, Zip

Home Phone: _____ Work Phone: _____

Referral Source: _____

Please describe the major problems or concerns with regard to your child that have led you to seek an evaluation at this time:

FAMILY BACKGROUND

Parents:

Mother's name: _____ Age: _____

Occupation: _____

Education: _____

Health: Poor _____ Fair _____ Good _____ Excellent _____
(Describe any health problems on back)

Father's name: _____ Age: _____

Occupation: _____

Education: _____

Health: Poor _____ Fair _____ Good _____ Excellent _____
(Describe any health problems on back)

Marital Status: Married _____ Separated _____ Divorced _____
Widowed _____ Other _____ (Describe on back)

How long have you been married? _____

Has either parent been married before or since? _____

If so, please describe on the back of this page relevant chronology, including dates of divorces, marriages, and so forth. Also indicate the amount of contact that the child now has with the noncustodial parent.

How would you rate your present marriage?

Great _____ Good _____ Fair _____ Poor _____

How would your spouse rate this marriage?

Great _____ Good _____ Fair _____ Poor _____

Please describe any aspects of your marital relationship that you feel might help me gain a better understanding of your child and the situation he/she is in:

FAMILY BACKGROUND (Cont'd)

Siblings:

Name	Age	School	Grade Placement	(Good, Fair, Poor) Grades	Conduct
_____	___	_____	_____	_____	_____
_____	___	_____	_____	_____	_____
_____	___	_____	_____	_____	_____
_____	___	_____	_____	_____	_____

How does the referred child get along with these siblings?

Others:

List other people who currently or in the past have lived in the home with the referred child. Describe who they were and what impact they may have had on this child:

List relatives who have been particularly influential:_____

Are there any family members on either side who have ever been treated for mental or emotional problems, including alcohol or other substance abuse? Please describe:_____

MEDICAL AND DEVELOPMENTAL HISTORY

Were there any complications or unusual circumstances during the period of pregnancy of this child, and if so, what?

Was this child born ____premature, ____at term, or ____late?

Were there any difficulties during delivery of this child, and if so, what?

Birth weight:_____ length:_____

As an infant, did this child seem ____ less active than average, ____average, or ____more active than average?

Approximately at what age did this child:

Sleep through the night _____

Roll over consistently _____

Sit unsupported _____

Walk alone _____

Say first word _____

Speak in sentences _____

Toilet trained _____

List any operations, serious illnesses, injuries (especially head), allergies, or other special conditions your child has had, including dates:

MEDICAL AND DEVELOPMENTAL HISTORY (cont'd)

List any medications your child is currently taking or has taken for extended periods. Please include doses and times:

Child's current height:_____ weight:_____

What hand does child write with? _____

Describe any vision or hearing problems:_____

How would you rate your child's overall health?

_____Good _____Fair _____Poor

When did your child last have a complete physical examination?

Name of physician(s):

Please list any psychological, psychiatric, or neurological examinations your child has had, including the name of the clinician, dates of evaluations, and findings:

EDUCATIONAL HISTORY

List in chronological order all schools your child has attended:

<u>Name of School</u>	<u>From Grade</u>	<u>To Grade</u>	<u>Grade Average</u>	<u>Conduct (Good, Fair, Poor)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What is this child's favorite subject? _____

What is this child's least favorite subject? _____

Has this child ever repeated or skipped a grade? _____

If so, which? _____

Has this child ever had tutoring? _____

If so, in what? _____

Child's attitude toward school? _____

List all extracurricular activities, including sports, clubs, hobbies, lessons, etc.

List any special abilities, skills, strengths, your child has:

BEHAVIOR CHECKLIST

Please check those items that pertain to your child:

- Physically violent towards persons (i.e., rape, assault)
- Physically violent towards property (i.e., vandalism)
- Abusive to animals
- Physically abusive to self (scratches self, suicidal)
- Fire setting
- Stealing, shoplifting, breaking and entering
- Runaway
- Lying
- Chronic violation of parental limits
- Drug abuse (what kind?)
- Alcohol abuse (describe)
- Any involvement with juvenile court

- Unrealistic fears (explain)
- Refusal to attend school
- Avoidance of being left alone
- Often appears sad
- Doesn't seem to have much energy
- Social withdrawal
- Pessimistic outlook toward the future
- Excessive tearfulness or crying
- Recurrent thoughts about death or preoccupation with death
- Suicidal thoughts or verbalized intentions
- Concerned about sexual identity
- Sexually promiscuous
- Inappropriate sexual behavior (explain)
- Sleepwalking difficulties
- Eating difficulties (explain)

- Often fails to finish things he or she starts
- Often doesn't seem to listen
- Easily distracted
- Has difficulty concentrating on schoolwork or other tasks requiring sustained attention
- Has difficulty sticking to a play activity

- Often acts before thinking
- Shifts excessively from one activity to another
- Has difficulty organizing work
- Needs a lot of supervision
- Frequently calls out in class
- Has difficulty waiting turn in games or group situations

- Runs about or climbs on things excessively

- _____ Has difficulty sitting still or fidgets excessively
- _____ Has difficulty staying seated
- _____ Moves about excessively during sleep
- _____ Is always “on the go” or acts as if “driven by a motor”