

# PARK VIEW PSYCHIATRIC & NEUROLOGY SERVICES

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## CHILD QUESTIONNAIRE

PATIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

### IDENTIFYING DATA

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

AGE: \_\_\_\_\_

RESIDENCE: (Detail living arrangements, family members or others present)

\_\_\_\_\_

PHONE NUMBER: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

### PRESENT PROBLEM

1. What are the child's primary problems?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Why did you call at this time?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. a. When did the problem start?

\_\_\_\_\_

b. Are the problems worse or better?

\_\_\_\_\_

c. What makes the problems better or worse?

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4. If problem is ongoing, why are you seeking treatment at this time?

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What attempts have been made to deal with this problem?

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What effects have these efforts had?

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5. Other problems, history, and present status (past psychiatric or medical problems: illnesses, surgeries):

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#### DEVELOPMENTAL HISTORY

Please answer to the best of your ability:

1. Were there physical or emotional stressful situations during pregnancy or birth?

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2. Developmental Milestones: (Give age)

Crawled: \_\_\_\_\_ Walked: \_\_\_\_\_ Talked: \_\_\_\_\_

Toilet Trained: \_\_\_\_\_

3. Early Developmental History: (Check indicates characteristics from infancy through six years):

	INFANT	TODDLER	PRESCHOOL
Active			
Passive			
Shy			
Demanding			
Cranky			
Head Banging			
Excessive Crying			
Eating Problems			
Sleeping Problems			
Fearful			
Bedwetting			
Soiling			
Easy-Going			
Out-Going			
Happy			
Loner			
Rocking			
Thumb Sucking			
Fighting			
Temper Tantrums			
Destructive			
Speech Problems			
Other (Specify)			

Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Name of biological mother: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Name of biological father: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Your relationship (if other than above) \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

7. Current legal relationship to child: \_\_\_\_\_

8. How does the child get along with his/her siblings (brothers and/or sisters)?  
\_\_\_\_\_  
\_\_\_\_\_

9. Name of school: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Describe child's relationship to his/her teacher:  
\_\_\_\_\_  
\_\_\_\_\_

Name of guidance counselor: \_\_\_\_\_

10. Has your child been diagnosed through the school or by private educational/developmental evaluation as any of the following:

(Circle One)

Gifted and Talented	Yes	No
Learning Disabled	Yes	No
Mentally Retarded	Yes	No
Emotionally Disturbed	Yes	No
Physically Handicapped	Yes	No
Developmentally Delayed	Yes	No

11. Has your child (currently or in the past) received any special education services?  
\_\_\_\_\_  
\_\_\_\_\_

12. How does your ~~child~~ get along with others in school?  
\_\_\_\_\_  
\_\_\_\_\_

13. Has your child been suspended or expelled from school? (Circle one) Yes, No. If yes, provide details:  
\_\_\_\_\_  
\_\_\_\_\_

14. Has your child ever received tutoring? (Circle one) Yes, No. If yes, provide details:  
\_\_\_\_\_  
\_\_\_\_\_

15. What are his/her academic strong points or subjects?

16. What are his/her academic weak points or subjects?

17. Name of Pediatrician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

18. Does your child have any chronic or recurrent health problems?

(Circle One) Yes No

If yes, provide details:

19. Has your child (currently or in the past year) been on any medication?

(Circle One) Yes No

If Yes, provide name of medication, dosage, reason, and name of prescribing physician.

20. Has your child ever had any psychological, educational, or psychiatric evaluations?

(Circle One) Yes No

If yes, provide date of evaluation, name of evaluator, address, phone, and reason for evaluation.

21. Has your child ever been in psychotherapy or counseling? (Circle One) Yes No

If yes, provide dates, reason, name of therapist, address, and phone.

22. Describe your child's personality:

23. Describe the child's assets and liabilities:

24. What are your child's favorite recreational activities?

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25. What are your child's favorite foods?

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26. Describe the child's bedtime routine?

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27. Does the child have nightmares? Yes No

If yes, how do you handle them?

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28. What do you find that you have to punish the child/children for?

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29. How are they disciplined?

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30. What else would be important for us to know?

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## CDI

Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Kids sometimes have different feelings and ideas.

This form lists the feeling and ideas in groups. From each group, pick one sentence that describes you best for the past two weeks. After you pick a sentence from the first group, go on the next group.

There is no right or wrong answer. Just pick the sentence that best describes the way you have been recently. Put a mark like this X next to your answer. Put the mark in the box next to the sentence that you pick.

Here is an example to how this form works. Try it, put a mark next to the sentence that describes you best.

Example:

- I read books all the time
- I read books once in a while
- I never read books

### Scoring

Less than 12 = Little Concern  
12-19 = Borderline Indicator  
Over 19 = Strong Indicator

Remember, pick out the sentence that describes your feelings and ideas in the PAST TWO WEEKS.

1. 0.  I am sad once in a while  
1.  I am sad many times  
2.  I am sad all the time
2. 0.  Things will work out for me O.K.  
1.  I am not sure if things will work out for me  
2.  Nothing will ever work out for me.
3. 0.  I do most things O.K.  
1.  I do many things wrong  
2.  I do everything wrong
4. 0.  I have fun in many things  
1.  I have fun in some things  
2.  Nothing is fun at all
5. 0.  I am bad once in a while  
1.  I am bad many times  
2.  I am bad all the time
6. 0.  I worry about bad things happening to others once in a while  
1.  I worry that bad things will happen to me once in a while  
2.  I am sure that terrible things will happen to me
7. 0.  I like myself  
1.  I do not like myself  
2.  I hate myself
8. 0.  Bad things are not usually my fault  
1.  Many bad things are my fault  
2.  All bad things are my fault
9. 0.  I do not think about killing myself  
1.  I think about killing myself but I would not do it  
2.  I want to kill myself
10. 0.  I feel like crying once in a while  
1.  I feel like crying many days  
2.  I feel like crying every day
11. 0.  I like being with people  
1.  I do not like being with people many times  
2.  I do not want to be with people at all



12. 0. \_\_\_ Things bother me once in a while  
1. \_\_\_ Things bother me many times  
2. \_\_\_ Things bother me all the time
13. 0. \_\_\_ I make up my mind about things easily  
1. \_\_\_ It is hard to make up my mind about things  
2. \_\_\_ I cannot make up my mind about things
14. 0. \_\_\_ I look O.K.  
1. \_\_\_ There are some bad things about my looks  
2. \_\_\_ I look ugly
15. 0. \_\_\_ Doing school work is not a big problem  
1. \_\_\_ I have to push myself many times to do my schoolwork  
2. \_\_\_ I have to push myself all the time to do my schoolwork
16. 0. \_\_\_ I sleep pretty well  
1. \_\_\_ I have trouble sleeping many nights  
2. \_\_\_ I have trouble sleeping every night
17. 0. \_\_\_ I am tired once in a while  
1. \_\_\_ I am tired many days  
2. \_\_\_ I am tired all the time
18. 0. \_\_\_ I eat pretty well  
1. \_\_\_ Many days I do not feel like eating  
2. \_\_\_ Most days I do not eat
19. 0. \_\_\_ I do not worry about aches and pains  
1. \_\_\_ I worry about aches and pains many times  
2. \_\_\_ I worry about aches and pains all the time
20. 0. \_\_\_ I do not feel alone  
1. \_\_\_ I feel alone many times  
2. \_\_\_ I feel alone all the time
21. 0. \_\_\_ I have fun at school many times  
1. \_\_\_ I have fun at school only once in a while  
2. \_\_\_ I never have fun at school
22. 0. \_\_\_ I have plenty of friends  
1. \_\_\_ I have some friends but I wish I had more  
2. \_\_\_ I do not have many friends
23. 0. \_\_\_ My school work is alright  
1. \_\_\_ My school work is not as good as before  
2. \_\_\_ I do very badly in subjects I used to be good in

24. 0. \_\_\_ I am just as good as other kids  
1. \_\_\_ I can be as good as other kids if I want to  
2. \_\_\_ I can never be as good as other kids
25. 0. \_\_\_ I am sure that somebody loves me  
1. \_\_\_ I am not sure if anybody loves me  
2. \_\_\_ Nobody really loves me
26. 0. \_\_\_ I usually do what I am told  
1. \_\_\_ I do not do what I am told most times  
2. \_\_\_ I never do what I am told
27. 0. \_\_\_ I get along with people  
1. \_\_\_ I get into fights many times  
2. \_\_\_ I get into fights all the time

**THE END**

Thank you for filling out this form.

Total Score: \_\_\_\_\_

