Behavioral Health Clinic
OF WAUSAU

CHILD/ADOLESCENT QUESTIONNAIRE

Date: _____ Person Completing Form: _____ Relationship to Child:_____
Child's Name: _____ Birth Date: _____ Age: _____ Sex: _____
Home Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____ Email: _____
Name of School: _____ Grade: _____
Principal: _____ Counselor: _____

HOME INFORMATION *(Current Living Situation)*

Father: _____ Age: _____ Education: _____
Biological ☐ Adoptive ☐ Step ☐ Foster ☐
Occupation: _____
Mother: _____ Age: _____ Education: _____
Biological ☐ Adoptive ☐ Step ☐ Foster ☐
Occupation: _____
Children: *(in chronological order)*
_____ Age: _____ Education: _____
_____ Age: _____ Education: _____
_____ Age: _____ Education: _____
_____ Age: _____ Education: _____
Others in home:
_____ Age: _____ Relationship: _____
_____ Age: _____ Relationship: _____

BIOLOGICAL PARENTS *(If different from above)*

Father: _____ Age: _____ Education: _____
Occupation: _____
Mother: _____ Age: _____ Education: _____
Occupation: _____
Marital Status of Biological Parents: ☐Married ☐Separated ☐Divorced
Legal Custody of child, if other than natural parent(s): _____
List members of the family not living at home: _____
Has your child ever been separated from the family? (Age, duration, reason): _____

Have any of the following events occurred in your family in the last two years?

☐Moved to a new place	☐Divorce or separation	☐Change of school
☐Brother or sister leaving home	☐Serious illness or injury to family	☐Marriage of Sibling
☐Death in family	☐Difficulties/problems with law	☐Change financial status
☐Emotional difficulties/problems	☐Other (specify) _____	

REASON FOR REFERRAL

Who referred you for evaluation? _____

What concerns you about your child? _____

Do you think your child needs medication? ☐Yes ☐No

On a scale of 1 to 10 *(1 being not at all a problem and 10 being a very severe problem)*, please rate the severity of your child's problem: _____ When was if first noticed? _____

Do you feel that the child is aware of the problem(s)? ☐ Yes ☐ No

PAST PSYCHIATRIC HOSPITALIZATIONS, PLACEMENTS *(RESIDENTIAL CENTERS, ETC.)*

Please list: _____

Please check any of the following that your child has experienced:

- ☐Fears
- ☐Daydreaming or Poor attention/ concentration
- ☐Hallucinations (seeing, hearing, things which do not exist)
- ☐Disorientation (confused regarding who he/she is, date, time or place)
- ☐Self-destructive behavior
- ☐Suicidal thoughts or attempts
- ☐Nervous habits or tics (e.g. nail biting)
- ☐Fitful sleeping, Nightmares, or sleepwalking
- ☐Difficulty following instructions
- ☐Difficulty solving problems
- ☐Poor or loss of memory
- ☐Poor coordination
- ☐Stuttering
- ☐Compulsive speech (can't seem to stop talking)
- ☐Repeating words or sentence
- ☐No speech
- ☐Difficulty distinguishing left from right
- ☐Eating non-food material (pica)
- ☐Vandalism or fire setting
- ☐Verbal aggression
- ☐Physical aggression
- ☐Cruelty to animals
- ☐Lying
- ☐Drug use
- ☐Stealing
- ☐Prefer to be alone or very Shy

PREGNANCY

Did the child's birth mother have any complications of pregnancy with this child? ☐Yes ☐No
If so, please explain: _____
Did the child's birth mother take drugs such as marijuana, cocaine, or amphetamines during pregnancy with this child?
☐Yes ☐No If yes, what? _____
Did the child's birth mother receive regular medical care during the pregnancy with this child? ☐Yes ☐No
Was this pregnancy planned? ☐Yes ☐No ☐Unsure Was this the first pregnancy? ☐Yes ☐No ☐Unsure
If not, what was the outcome of the other pregnancies? _____
Were there any miscarriages? ☐Yes ☐No Was this child born: ☐Early ☐On Time ☐Late

INFANCY

Did mother experience any serious postpartum depression ("Baby Blues")? ☐Yes ☐No
If yes, please give details: _____

Please check any of the following behavior noticed in the first 12 months of life?

- ☐Having to switch formulas three times or more?
- ☐Crying day and night, never satisfied?
- ☐Too quiet, "perfect baby", didn't respond much to care or attention?
- ☐Stiffened up when held, seemed to push you away?
- ☐Floppy or limp when held, didn't cuddle?
- ☐Was the child easy to care for?

PAST MEDICAL HISTORY

Breast or bottle-fed? _____ Did the child eat well? _____ Mumps? _____
Scarlet Fever? _____ Chicken Pox? _____ Roseola? _____
7-day or Red Measles? _____ 3-day or German Measles? _____

If the child has had any of the following, please indicate so and explain with details:

Accidents _____
Allergies _____
Anemia_____
Birthmark(s) _____
Constipation_____
Crossed eyes/Vision problems_____
Difficulty eating or feeding self _____
Frequent ear infections _____
Hearing problems_____
High fever_____
Pneumonia_____
Seizures or convulsions _____
Skin diseases or abnormalities _____
Speech problems _____
Staring spells _____
Urine infection or disease _____
Vision problems _____

HOSPITALIZATIONS OF CHILD

Child's Age	Reason

CURRENT MEDICAL INFORMATION

Are immunizations up-to-date? ☐Yes ☐No Hearing problems/ear infections? ☐Yes ☐No

Does the child have any eye problems now? ☐Yes ☐No

Does the child have any of the following:

☐ Dizziness ☐Double vision ☐Fainting spells ☐Loss of consciousness (blackout) ☐Memory problems

☐Momentary lapses of consciousness ☐Severe headaches ☐Sleep disturbances ☐Trance-like episodes

☐Tremors ☐Troubles walking ☐Incoordination

Does the child have problems with:

☐Bones ☐Digestive tract ☐Genito-urinary system

☐Heart and blood vessels ☐Hormone system ☐Muscles ☐Respiratory system

For girls only:

Age of menses onset? _____ Are they regular? ☐Yes ☐No Currently on Birth Control? ☐Yes ☐No PMS? _____

MEDICATIONS

Is the child allergic or sensitive to any medications? ☐Yes ☐No

If yes, please list the name(s) of the medication(s): _____

Has the child received medications in the past for emotional, learning, or behavior problems? ☐Yes ☐No

If yes, please complete the box below:

Child's Age (Approx)	Name of Medication	How long?

Is the child taking medication(s) now? ☐Yes ☐No

If yes, please complete the box below:

Name of Medication	Dose	Is it helping?

USE OF ALCOHOL AND OTHER DRUGS

Is alcohol a problem at home, school, or in the community? ☐Yes ☐No Drug use? ☐Yes ☐No

Tobacco use? ☐Yes ☐No Legal consequences? ☐Yes ☐No Previous alcohol/drug counseling? ☐Yes ☐No

FAMILY BACKGROUND

Has anyone in the child's family had the following: (Please include relationship to child)

☐Alcoholism _____ ☐Anxiety attacks _____ ☐Psych. Hospitalization _____ ☐Drug abuse _____

☐Suicide _____ ☐Depression _____ ☐Genetic disease(s) _____ ☐Epilepsy _____

☐Learning disabilities _____ ☐Mental retardation _____ ☐Migraine headaches _____ ☐Arrests _____

☐Narcolepsy (sleep attacks)_____ ☐ "Nervous breakdown" _____ ☐Obsessions or compulsions _____

☐Panic attacks/agoraphobia _____ ☐Tics or Tourette's Disorder _____ ☐Behavior problems as a child _____

☐Attention Deficit Hyperactivity Disorder (ADHD)_____ ☐Dropped out of school or failed a grade _____

☐Eating disorder (anorexia/bulimia) _____ ☐Other: _____

DEVELOPMENT

Please indicate when the child achieved the following landmarks in comparison to other children. If you wish, give the specific age.

LANGUAGE:	Said single words	☐Early	☐Average	☐Late	Age ____
	Started mutual conversation	☐Early	☐Average	☐Late	Age ____
	Used own first and last name	☐Early	☐Average	☐Late	Age ____
MOTOR:	Crawled	☐Early	☐Average	☐Late	Age ____
	Pull to stand	☐Early	☐Average	☐Late	Age ____
	Ran with good control	☐Early	☐Average	☐Late	Age ____
	Rode tricycle	☐Early	☐Average	☐Late	Age ____
	Rolled over	☐Early	☐Average	☐Late	Age ____
	Throw and catch balls	☐Early	☐Average	☐Late	Age ____
	Walked alone	☐Early	☐Average	☐Late	Age ____
SELF-HELP:	Bathing and dental care	☐Early	☐Average	☐Late	Age ____
	Dressed without assistance	☐Early	☐Average	☐Late	Age ____
	Fed self	☐Early	☐Average	☐Late	Age ____

Tied shoes	☐Early	☐Average	☐Late	Age ____
Toilet training started	☐Early	☐Average	☐Late	Age ____
Toilet training accomplished	☐Early	☐Average	☐Late	Age ____

SOCIAL:

Established eye contact	☐Early	☐Average	☐Late	Age ____
Fear of strangers	☐Early	☐Average	☐Late	Age ____
Group play	☐Early	☐Average	☐Late	Age ____
Made up and acted out stories	☐Early	☐Average	☐Late	Age ___
Played alongside other children (without interaction)	☐Early	☐Average	☐Late	Age ____
Played together (in cooperation with others)	☐Early	☐Average	☐Late	Age ___
Played with toys	☐Early	☐Average	☐Late	Age ____
Played nursery games (peek-a-boo)	☐Early	☐Average	☐Late	Age ___
Smiled	☐Early	☐Average	☐Late	Age ____

Were there any language difficulties such as stammer, stutter, strange sounds, or problems in understanding?
☐Yes ☐No If yes, please explain: _____

Were there changes in the child's primary caretakers during the first 3 years of life? ☐Yes ☐No
If yes, how many times and please explain: _____

Was the child attached to any inanimate objects (e.g., blanket, teddy bear, etc.)? ☐Yes ☐No
If yes, what object? _____ From age _____ to _____.

Is the child: ☐Right-handed ☐left-handed ☐ambidextrous?

Please rate the child (ages 1 – 6) regarding the following:	Frequently	Sometimes	Rarely
Cried			
Did not like to be held or touched?			
Engaged in self-hurting or injuring behavior (rocked or head banged)			
Enjoyed being held			
Had extreme mood changes			
Had temper tantrums			
Interacted with adults			
Interacted with other children			
Predictable sleep-wake patterns			
Preferred toys to contact with people			
Was active			
Was afraid of new faces or places			
Was alert to environment			
Was destructive			
Was unresponsive to discipline			
Was very quiet			

PERSONALITY

For each of the pairs below, please circle the one choice that best describes how the child USUALLY APPEARS to you.

☐Happy	☐Sad	☐Withdrawn	☐Outgoing	☐Controlled	☐Impulsive
☐Confident	☐Unconfident	☐Calm	☐Nervous	☐Hostile	☐Friendly
☐Patient	☐Frustrated	☐Independent	☐Dependent	☐Changing Moods	☐Steady Mood
☐Fearless	☐Frightened	☐Hyperactive	☐Lethargic	☐Interested	☐Bored
☐Violent Emotions	☐Even Temper	☐Eats Well	☐Problem Eater	☐No sense of humor	☐Humorous

SCHOOL HISTORY

Please check what you feel best describes the child in the following academic areas:

	Above Average/Excellent	**Average**	**Below**
Grades			
Ability			
Attendance			
Relations with Peers			
Relations with Teachers			

Please describe any academic weaknesses or problems the child may have: _____
_____

Has the child required special help or special classes in any of the schools he/she has attended? ☐Yes ☐No

If yes, Dates: _____ School: _____ Nature of help: _____
Has the child repeated any grades? ☐Yes ☐No If yes, please give details: _____
Has the child ever had special tutoring or speech therapy? ☐Yes ☐No If yes, please explain when, where, and by whom: _____

TESTING

Has there been intellectual testing or testing for learning disabilities done in the past? ☐Yes ☐No

If yes, please explain what testing was done, when, where, by whom it was done, and what the results of the testing were: _____

BEHAVIOR AT SCHOOL

Is the child's behavior different at school than it is at home? ☐ Yes ☐ No ☐ Not Sure

If yes, please explain the difference: _____

_____

Does the child ever refuse to go to school? ☐ Yes ☐ No

If yes, please explain: _____

Does check if the child has any of the following behavior problems in school:

☐Cutting classes ☐Difficulty waiting their turn ☐Difficulty staying on task
☐Difficulty following directions ☐Fidgets ☐Interrupting others
☐Difficulty listening

ACHIEVEMENT

Has your child ever been: ☐ Held Back ☐ Advanced ☐ None

If so, please explain: _____

Did the child show any of the following:

☐Right-left confusion ☐Letter reversal ☐Misalignment of rows
☐Lack of spacing between written work ☐Unusual variations of letter size ☐Illegible handwriting

Do you feel that the school is dealing appropriately with your child's strengths? ☐ Yes ☐ No

SOCIAL EXPERIENCES

Yes	No	
☐	☐	Does the child have some very good friends?
☐	☐	Has the child stayed pretty good friends with someone for as long as six months or more?
☐	☐	Is the child the kind of person who takes notice and would care about a friend who was in trouble?
☐	☐	Doe the child have any problems making friends?
☐	☐	Does the child have any problems keeping friends?
☐	☐	Would people describe the child as a loner?
☐	☐	Do other kids tease or pick on the child?
☐	☐	Does the child tease or bully other children?
☐	☐	Did the child ever run around in a gang of kids?

SPARE TIME

Would the child rather spend his/her spare time: ☐ Alone OR ☐ With Someone, ☐ Inside OR ☐ Outside
What would the child most like to do during his/her spare time? _____
Does the child have a preference to play mostly: ☐ with boys ☐ with girls ☐ both the same?
Does the child play with children: ☐ older ☐ younger ☐ same age?
Are there any particular habits or behaviors that seem to get the child in trouble with other children?

_____

Yes No

- ☐ ☐ Is the child usually a loner?
- ☐ ☐ Does the child prefer younger children?
- ☐ ☐ Does the child prefer older children?
- ☐ ☐ Does the child prefer adults?
- ☐ ☐ Does the child usually avoid situations in which he/she would be a leader?
- ☐ ☐ Does the child usually avoid situations in which he/she would be a follower?
- ☐ ☐ Does the child have frequent fights with peers?
- ☐ ☐ Does the child have frequent fights with adults?
- ☐ ☐ Does the child have frequent fights with siblings?
- ☐ ☐ What things does the child like to do?

Does any of the above cause problems? ☐ Yes ☐ No Please explain_____

Describe the child's strengths (with regard to abilities, behavior, etc.): _____

_____

What things present the greatest difficulty for the child? _____

How does the child get a long in groups? _____

HOME LIFE AND RELATIONSHIPS

Are there any problems in the child's relationship with his/her Mother?

If yes, please describe/explain: _____

_____

Are there any problems in the child's relationship with his/her Father?

If yes, please describe/explain: _____

_____

Are there any problems in the child's relationship with his/her Siblings?

If yes, please describe/explain: _____

_____

What kinds of things do you do together with the child? _____

_____

Has the child been involved in any extra-curricular activities, school-related or otherwise? ☐ Yes ☐ No

If yes, please provide details and describe successes and problems: _____

_____