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ADOLESCENT PSYCHOLOGICAL QUESTIONNAIRE
Parent Questionnaire

In order to ensure the best care, it's important we find out as much as we can about each individual we work with. Please read each question carefully and do your best to answer them completely and accurately. If possible, it's best for the parent and the adolescent to work together on filling out the questionnaire. Answer "n/a" to questions that do not apply to you.

Date: ___/___/___ Telephone: (___)_____

Child's Name: _____
(first) (middle) (last)

Address: _____
(street) (apt #)

(city) (state) (zip)

Birthplace: _____ Age: ___ Birthdate: ___/___/___

Height: _____ Weight _____

Sex: ___ Race: _____ Religion: _____

School: _____ Grade _____

Referred by: _____

Reason for Referral: _____

Person completing this form: _____

Relationship to the child: _____

PRESENTING PROBLEMS

1. What were the main reasons for bringing your child in for an evaluation at this time?

2. How long have these problems existed?

3. Check all the following symptoms that apply:

Anxiety

- distractibility
- confusion
- nervousness
- fear of losing control
- fears of injury/death
- impatient
- alarmed
- panic attacks
- avoidance of activities
- impaired coordination
- hyperventilation
- palpitations
- faintness
- insomnia
- increased urination
- face flushed/ pale
- sweating
- other:

Depression

- loss of appetite
- insomnia/hyposomnia
- pacing
- hand wringing
- restlessness
- confusion
- slowed thinking
- slowed reflexes
- loss in interests
- loss in energy
- feelings of worthlessness
- feelings of guilt
- suicide attempts
- lowered libido
- other:

Substance abuse

- memory lapses
- shortened attention span
- difficulty concentrating
- deteriorated physical condition
- chronic dishonesty
- increased inappropriate anger
- secretiveness
- reduced motivation
- reduced self-discipline
- edgy
- tardy
- other:

PREVIOUS TREATMENT

1. Has outpatient treatment been sought previously for your child?
(If so, give date(s), location, describe treatment, diagnosis and outcome.)

2. Has inpatient treatment been sought previously for your child?
(If so, give date(s), location, describe treatment, diagnosis and outcome.)

Early development

1. Describe the circumstances around the child's birth as well as the pregnancy. (i.e. planned, unplanned, complications, drugs, c-section, prematurity, etc.)
2. Is the adolescent adopted, a foster child or a ward of the court?
3. Describe the child's development during the following stages:

Ages 1-5:

Ages 6-12:

Talking

1. When did the child first speak and what were his/her first words?
2. What languages are spoken in the home?
3. What languages does the adolescent speak?

Toilet Training

1. When did the child first begin toilet training?
2. When was the task mastered?
3. Presently, does the child wet or soil the bed or clothing?

Significant Events:

1. What significant events do you remember going on during the following stages of your child's life?

Birth - age 2

Ages 2 - 4

Ages 4-10

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Ages 10-14

Ages 14 - 17

Family Background and Home Life:

1. Mother's name: _____ Age: _____
Occupation: _____
Biological, Step, or Adoptive? _____
Describe mother's relationship with the child presently:

2. Father's name: _____ Age: _____
Occupation: _____
Biological, Step, or Adoptive? _____
Describe father's relationship with the child presently:

3. Adolescent's parents are currently: Married ___ Divorced ___ Separated ___
Widowed ___ Remarried ___
Parent's relationship would best be described as: close ___ distant___
Hostile ___ friendly ___ erratic ___ other: ___
4. What are the names and ages of the client's siblings?

Relationship with each?

5. Who currently lives in the home?
6. How would you describe your home/ neighborhood?

7. Have there been frequent moves and if so, how were the transitions for your child?
8. What kinds of things is the adolescent praised for at home?
9. What kinds of things is the adolescent criticized for at home?
10. What might be the adolescent's concerns about his/her family life?
(i.e. finances, tensions, divorce, etc.)
11. What is the adolescent's relationship with other immediate family members?
12. Who makes the rules in the family? Who enforces them?
13. Has any one in the family sought psychotherapy before? If so, for what reason?
14. Has any one in the family attempted or committed suicide?
15. Are there any illnesses that run in the family?
16. Have there been any deaths in the family or with any close relationships?

Hobbies and Responsibilities

1. What kinds of hobbies and activities does your child enjoy?
2. What are the adolescent's responsibilities in the home?
3. How does your adolescent feel about his/her responsibilities?
4. Does the adolescent enjoy recreational activities with the family? If so, what kinds?

FAMILY RELATIONSHIPS

1. Was the adolescent closer to one parent as a child? Whom?
2. Currently, who is the adolescent closer to?
3. Did the child cling to his/her mother at an age when his/her playmates began to be independent?
4. Did/ Does the child prefer one sibling? Whom?

Religion

1. What, if any, religion is practiced in the home? Does the adolescent participate?
2. Does the adolescent feel spirituality is important?

Discipline

1. How are conflicts in the home dealt with?
2. How is the child disciplined?

SOCIAL RELATIONSHIPS

1. As a young child, did he/she prefer playing with girls or boy?
2. Did he/ she prefer to play with kids younger, older, or of the same age?

3. Who does your child spend his/her time with now?
4. Would you describe your child as a leader, a follower, or in between?

ROMANTIC RELATIONSHIPS

1. How would you describe your child's romantic relationships?
(i.e. number of serious relationships, characteristics, etc.)
2. Is the adolescent currently in a relationship and if so, how would you describe the significant other in terms of personal characteristics, their feelings, etc?
3. How does your child feel about his/her girlfriend or boyfriend?
4. How would you describe his/her girlfriend or boyfriend?
5. How would you characterize their relationship?
6. Does your child have a lot of friends or does he or she mainly spend time alone, with another person, or in a small group?
7. How do you feel about your child's choice of company?
8. Who does this adolescent confide in?
9. Who does the adolescent consider to be friends and why?

10. Is/Was your child in a gang? If so, which gang? How long? What's his nickname? What does/ did that gang provide for the adolescent? What would he/ she say is best and worst parts about being in a gang?

Education

1. Is the adolescent currently in school?
2. How old was your child when he/she first started attending school?
3. Which schools have your child attended? (Starting with kindergarten.)
4. Was there ever a learning disability discovered? If so, what kind of disability, when was it discovered, and by whom?

Year in school

- 1.
- 2.
- 3.
- 4.
- 5.

Learning Disability

Discovered by:

5. How does your child adjust to school?
6. What are your child's average grades?
7. Has the adolescent ever failed a grade or been held back?
8. How has/is the adolescent described by his/her teachers?
9. Did the child have behavioral problems in school? If so, how often and what did he/she do?

Were these problems notice at home as well?

10. What are the adolescent's favorite subjects? What is he/she best at?
11. What are the adolescent's least favorite subjects? Which does he/she have trouble with?

Medical:

1. Has the adolescent ever been hospitalized? What for? When?
2. Has your child ever been rendered unconscious as a result of injury? Describe.
3. List any operations the adolescent has had (i.e. circumcision, tonsillectomy, appendectomy, etc.), as well as his/her reaction and recovery process.
4. Please check any of the following your child has been diagnosed with.
 - measles mumps whooping cough
 - scarlet fever small pox pneumonia
 - tonsillitis ear diseases hay fever
 - polio asthma influenza
 - tuberculosis appendicitis convulsions
 - convulsions frequent colds stomach upset
 - epilepsy gland trouble allergies
 - other: _____
5. What medications has your child been prescribed in the past?

6. What, if any, medications is your child currently taking?
(drug and dosage)

7. Has your child ever had medication complications? (Explain.)

Substances:

1. Does your child admit to trying or using alcohol or drugs? If so, name the type of drug, amount and how often).

2. Has your child ever been treated for alcohol or drug related problems? (If so, list the type of drug and treatment.)

3. Does your child believe he/she has a substance problem? Explain.

Sexuality

1. At what age did your child begin to show a curiosity about where babies come from?

About the differences between male and female bodies?

2. Was your child ever approached by another child, adolescent or adult in a sexual manner? Explain.

3. How does the client describe his/her sexuality?

Hobbies and Interests

1. Does your child participate in extra-curricular activities? If so, what kinds?

2. What are your child's hobbies?

3. What kinds of activities does your child participate in with the family?

Occupational History:

1. Describe your child's responsibilities in the home, in the past and now.

2. List your child's work history.

	Dates	Employer	Duties
a.	to		
b.	to		
c.	to		
d.	to		

Finances:

1. How would you describe the family financial situation?
2. Is this a source of family stress? Stress to the adolescent?

Legal:

1. Has your child ever been arrested or had trouble with the law? Explain.

Emotional:

1. Please check all that apply concerning your child's emotional characteristics.

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> self-centered | <input type="checkbox"/> sassy | <input type="checkbox"/> restless |
| <input type="checkbox"/> impulsive | <input type="checkbox"/> obedient | <input type="checkbox"/> ill-tempered |
| <input type="checkbox"/> sex difficulties | <input type="checkbox"/> untruthful | <input type="checkbox"/> affectionate |
| <input type="checkbox"/> sensitive | <input type="checkbox"/> quick-tempered | <input type="checkbox"/> spoiled |
| <input type="checkbox"/> resentful | <input type="checkbox"/> easy going | <input type="checkbox"/> untidy |
| <input type="checkbox"/> quarrelsome | <input type="checkbox"/> silly | <input type="checkbox"/> considerate |
| <input type="checkbox"/> awkward | <input type="checkbox"/> stubborn | <input type="checkbox"/> immature |
| <input type="checkbox"/> industrious | <input type="checkbox"/> happy | <input type="checkbox"/> sad |
| <input type="checkbox"/> doesn't care | <input type="checkbox"/> cruel | <input type="checkbox"/> easily led |
| <input type="checkbox"/> inconsiderate | <input type="checkbox"/> overactive | <input type="checkbox"/> nervous |
| <input type="checkbox"/> excitable | <input type="checkbox"/> emotional | <input type="checkbox"/> moody |
| <input type="checkbox"/> other: | | |

2. Please describe any stressful situations affecting your child at the present time or in the recent past within or outside the family.

