

QUESTIONNAIRE TO PARENTS/CAREGIVERS

Please complete in full, skip what does not apply to you

Name of child: _____ Age: _____ Gender: M / F

Date of Birth: _____ School: _____ Gr: _____

1. FAMILY COMPOSITION

Choose: Biological parent/Stepparents/Foster Parent/Caregiver (involved in care or upbringing of the child).

Surname: _____

Father: _____ ID: _____

Mother: _____ ID: _____

Other: _____ ID: _____

Other : _____ ID: _____

(Stepparent/grandparent living with family)

Children

: _____ Geb date: _____

: _____ Geb.date: _____

: _____ Geb date: _____

: _____ Geb date: _____

: _____ Geb date: _____

Address: _____ Code: _____

Cell no: Mom: _____ Cell no: Dad: _____

Email addresses: _____

Family status (Tick applicable)

Both biological parents	<input type="checkbox"/>
Single Parent	<input type="checkbox"/>
Stepparent	<input type="checkbox"/>

Foster Parent	<input type="checkbox"/>
Adopted	<input type="checkbox"/>
Cohabiting relationship	<input type="checkbox"/>

Period and reason for alternative care if applicable (e.g. foster care): _____

Reason for appointment? _____

2. INFORMATION REGARDING CHILD CONCERNED

Pregnancy: Planned: _____ Unplanned: _____

Remarks (e.g., child was born after the death of a child, born after fertility treatment, out of wedlock)

Mother & father's experience of pregnancy: _____

Pregnancy and birth process (complications or challenges): _____

Medication used during pregnancy: _____

Childhood illnesses or health challenges the child had: _____

Development by milestones, please indicate the age when the child reached these milestones

Milestone	Age
Sit down	
Crawl	
Stand	
Run	
The First Word	

Does the child or any family member have a chronic illness, e.g. Diabetes:

Does the child have any allergies? _____

Does the child use any medication or supplements? _____

Is the child hyperactive or struggle to focus on activities? _____

Please explain: _____

With whom did the child bond? As a baby: _____ Now: _____

With whom does the child feel uncomfortable? _____

How strong is the child's self-confidence in your opinion? _____

Does the child have healthy friendships? _____

Are you involved in the child's friends and activities? _____

What hinders your involvement (work, health)? _____

What are your child's outstanding positive and negative personality traits?

Positive qualities	Negative qualities

Behavior that worries you or causes discomfort (e.g., jealousy, anger outbursts, fantasizing, emotional overreacting): _____

What do you see as acceptable and unacceptable behavior?

Acceptable behavior	Unacceptable behavior

How is the child punished, and how does he/she react to it? _____

Eating patterns, are there any problems? _____

Sleep patterns of the child and rest of the family: _____

Does the child have any habits such as nail biting? _____

What does your child do that frustrates you? _____

Does the child wet the bed? _____

Any other related problems: _____

Name of school/day care: _____ Grade: _____

Class teacher's name: _____ Contact no: _____

General school progress: _____

Has the child's intellectual potential been tested before? YES / NO

Does the child experience any problems with attention deficit and/or hyperactivity? Explain: _____

Extracurricular activities: _____

Relationship with parents/caregivers

What do you and your child do together? _____

What are you fighting about? _____

What are you talking about? _____

Relationship with other family members for example, stepparent, partner, grandparents and siblings:

Family members and/or friends that plays a meaningful role in child's life: _____

As Baby: _____ Currently: _____

How does the above persons currently spent time with the child (e.g., communication, exposure to new things, etc.): _____

Screen habits (TV, computer, cell phone, tablet etc.) _____

Give a brief description of the family and important events or trauma that could have had an impact on the child:

Is the child more sad, aggressive, depressed, or frustrated than in the past (explained with examples)?

Name any meaningful behavioral and/or personality changes you've become aware of (*if applicable*):

What is your faith orientation and does religion play a role in the child's life? _____

Is there alcohol use / abuse in the family? _____

Does the child have pets? _____

Who takes care of the pets? _____

Does the child have household chores? _____

3. PLAY THERAPY/ASSESSMENT

Who referred you to the therapist? _____

What do you expect from the therapy/assessment? _____

What does the child understand about why he/she visits the therapist? _____

4. ADMINISTRATION

Is parental consent signed by both parents and submitted to the therapist?

YES	NO
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5. REMARKS

Is there any other information you would like to bring to the therapist's attention?

Completed by: _____

Signature: _____

Date: _____