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## Social and Family History Questionnaire (Father)

Youth: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age Upon Admission: \_\_\_ Years \_\_\_ Months

Evaluator: \_\_\_\_\_ Phone: \_\_\_\_\_

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Questionnaire Completed By: \_\_\_\_\_

Relationship to Student: \_\_\_ Birth Father \_\_\_ Step Father \_\_\_ Adopted Father

\_\_\_ Other (*describe*): \_\_\_\_\_

Date Completed: \_\_\_\_\_

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## Social and Family History Inventory (Father)

Student Name/Your Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Your Name: \_\_\_\_\_ Date of Birth/Current Age: \_\_\_\_\_

Your Relationship:  Birth Father  Step Father  Adopted Father  Other: \_\_\_\_\_

Highest school grade completed: \_\_\_\_\_ Current Employment: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Date of Birth/Current Age: \_\_\_\_\_

Mother's highest school grade: \_\_\_\_\_ Current Employment: \_\_\_\_\_

### **Custody**

1. Who has legal custody of your child? \_\_\_\_\_
2. Is your child involved with any state agency, such as Department of Children and Families, Department of Human Services, etc.?  No  Yes

If "Yes":

State Agency: \_\_\_\_\_

Social/Case Worker: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Probation/Parole Officer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

### **Family History**

3. Please describe your marital status:  
 Married to child's mother     Unmarried, living with child's mother     Re-Married     Divorced, Unmarried  
 Separated     Single (Never Married)     Unmarried, living with partner  
 Other: \_\_\_\_\_
4. If divorced or separated from your child's mother, is she married to or living with someone else?  
 Yes  No  Unknown  Not Applicable
5. If mother is living elsewhere, where is she currently living? \_\_\_\_\_
6. How many marriages have you had:  0  1  2  3  4  5 or more
7. How many marriages has your child's mother had:  0  1  2  3  4  5 or more  Unknown
8. Your age at the time of your child's birth: \_\_\_\_\_
9. Your child's mother's age at the time of your child's birth: \_\_\_\_\_  Unknown
10. Do you have other children? *If so, please give details, including names, gender, and current ages.*

<u>Name</u> (first and last)	<u>Boy/Girl</u>	<u>Age</u>	<u>Relationship to Your Child</u>	<u>Currently Living Where</u>
_____	___	___	___Full ___Half ___Step	_____
_____	___	___	___Full ___Half ___Step	_____
_____	___	___	___Full ___Half ___Step	_____
_____	___	___	___Full ___Half ___Step	_____
_____	___	___	___Full ___Half ___Step	_____
_____	___	___	___Full ___Half ___Step	_____
_____	___	___	___Full ___Half ___Step	_____
_____	___	___	___Full ___Half ___Step	_____
_____	___	___	___Full ___Half ___Step	_____
_____	___	___	___Full ___Half ___Step	_____
_____	___	___	___Full ___Half ___Step	_____
_____	___	___	___Full ___Half ___Step	_____

11. Does your child's mother have any other children from other marriages or relationships?

<u>Name</u> (first and last)	<u>Boy/Girl</u>	<u>Age</u>	<u>Currently Living Where</u>
_____	---	---	_____
_____	---	---	_____
_____	---	---	_____
_____	---	---	_____
_____	---	---	_____
_____	---	---	_____
_____	---	---	_____
_____	---	---	_____
_____	---	---	_____
_____	---	---	_____
_____	---	---	_____
_____	---	---	_____

12. Describe your current living arrangements. Who do you live with (spouse/partner, children, roommates, etc.)?

<i>Name of Person</i>	<i>Relationship to you</i>	<i>Age</i>
_____	_____	---
_____	_____	---
_____	_____	---
_____	_____	---
_____	_____	---
_____	_____	---
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_____	_____	---
_____	_____	---
_____	_____	---
_____	_____	---
_____	_____	---
_____	_____	---

13. Has your child experienced many moves from one house, neighborhood, town, or state to another?

\_\_0 moves \_\_1 move \_\_2 moves \_\_3 moves \_\_4moves \_\_5 moves \_\_6 or more moves

14. If more than two moves, between what ages did your child experience multiple moves:

*Multiple moves between age \_\_ and age \_\_*

15. Has your child always lived with you, or has he switched living between you and his mother or other family members? Please give details, including your child's age at the time of the moves.

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**Parent and Family Details**

16. Do you have a history of alcohol or drug use or abuse?  Yes  No

If "Yes," please describe: \_\_\_\_\_

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17. Have you ever been treated or are you currently being treated for an alcohol or substance abuse problem?

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18. Does your child's mother have a history of alcohol or substance abuse?  Yes  No  Unknown

If "Yes," please describe: \_\_\_\_\_

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19. Has your child's mother ever been treated or is currently being treated for alcohol or substance abuse?  
 Yes  No  Unknown

20. Any history of alcohol or substance abuse in other family members (grandparents, siblings, uncles, aunts)?

<i>Family Relationship</i>	<i>Alcohol</i>	<i>Drugs</i>
_____	___	___
_____	___	___
_____	___	___
_____	___	___
_____	___	___
_____	___	___
_____	___	___
_____	___	___
_____	___	___
_____	___	___

21. Do you suffer from depression, anxiety, schizophrenia, or any other mental health condition, or do you have a history of suffering from such problems?  Yes  No

If "Yes," please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. If you answered "Yes" to question 19, have you ever been treated or are you currently being treated any a mental health condition:  Yes  No  Currently  Prior

Psychiatric hospitalization: Date(s): \_\_\_\_\_  
 Outpatient: Date(s): \_\_\_\_\_

23. Have you ever been prescribed psychiatric medication:  Yes  No

If "Yes," what medication(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Does your child's mother have a history from depression, anxiety, schizophrenia, or any other mental health condition, or does she have a history of suffering from such problems?  Yes  No  Unknown

If "Yes," please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. If you answered "Yes" to question 22, has your child's mother ever been treated or is currently being treated any a mental health condition:  Yes  No  Currently  Prior  Unknown

Psychiatric hospitalization: Date(s): \_\_\_\_\_  
 Outpatient: Date(s): \_\_\_\_\_

26. Has your child's mother ever been prescribed psychiatric medication:  Yes  No  Unknown

If "Yes," what medication(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Any history of depression, anxiety, schizophrenia, or any mental illness in other family members (grandparents, siblings, uncles, aunts, etc.)?

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

28. Are any of your other children involved with social service agencies?

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

29. Are any other members of your family involved with the criminal justice system? [f so, who and how?

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30. Have any other members of your family been arrested or treated for, or accused of sexual offending?

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**Your Child's Early Development**

31. Were there any problems with the mother's pregnancy or delivery of your child?

No  Yes: If "Yes," please explain: \_\_\_\_\_

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32. Did your child's mother smoke, drink, or use drugs at any time during her pregnancy?

Cigarettes  Alcohol  Drugs (*describe* \_\_\_\_\_)

33. Did your child reach his normal developmental "milestones" on time?

*Toilet trained:*  Not unusual  Late  Problematic  
*Walking:*  Not unusual  Late  Problematic  
*Talking:*  Not unusual  Late  Problematic  
*Social interactions with other children by age 3 or 4:*  Concerns  Some Concerns  Significant Concerns

34. Did your child experience any significant illnesses, accidents, injuries, or other physical problems, before age 6:

No  Yes  Unknown  
If "Yes," please explain: \_\_\_\_\_

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35. Did your child experience any significant illnesses, accidents, injuries, or other physical problems after age 7:

No  Yes  Unknown  
If "Yes," please explain: \_\_\_\_\_

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36. Did your child have any other important childhood difficulties before age 6?

No  Yes  Unknown  
If "Yes," please explain: \_\_\_\_\_

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37. Did your child have any other important childhood difficulties after age 7?

No  Yes  Unknown

If "Yes," please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Legal Issues**

38. Was your child arrested or found guilty (adjudicated) for sexual offense charges:  Yes  No  Unknown

If "Yes," please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

39. Has your child ever been arrested or in trouble with the police for other reasons:  Yes  No  Unknown

If "Yes," please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

40. Has your child ever been involved with juvenile or family court:  Yes  No  Unknown

If "Yes," please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

41. Is your child currently involved with juvenile or family court:  Yes  No  Unknown

If "Yes," please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

42. Does your child have any current juvenile, criminal, or other civil charges pending:  Yes  No  Unknown

If "Yes," please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



43. Does your child have any court appointments coming up:  Yes  No  Unknown

If "Yes," please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If "Yes," Court: \_\_\_\_\_ Date of Next Hearing: \_\_\_\_\_

44. Does your child have a probation or parole officer:  Yes  No  Unknown

If "Yes," Probation or Parole Officer Name: \_\_\_\_\_

Court: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

45. Does your child have an attorney:  Yes  No  Unknown

If "Yes," Attorney Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

46. Does your child have a Guardian Ad Litem (GAL):  Yes  No  Unknown

If "Yes," GAL Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**History of Child's Problem Behavior**

47. Do you think your child has problem behaviors:  Yes (go to question 48)  No (skip to question 56)

48. Describe your child's problem behaviors:

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

49. At what age did your child's problem behaviors begin: \_\_\_\_\_

50. How did you first become aware of your child's problem behaviors?

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

51. What sort of problem behaviors did your child first show?

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

52. Do you think your child has sexual behavior problems:  Yes (go to question 53)  No (skip to question 56)

53. What sort of sexual behavioral problems does your child have?

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54. At what age did you first notice your child's problem sexual behaviors? \_\_\_\_\_

55. What sort of problem sexual behaviors did your child first show?

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**School Functioning and Behavior**

56. Current grade: \_\_\_\_\_  Unknown

57. Grade ever delayed or held back:  No  Yes  Unknown

If "Yes," explain): \_\_\_\_\_

58. Describe any academic problems:

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59. Any special education services or learning disabilities:  No  Yes  Unknown

If "Yes," age at which special education first provided: \_\_\_\_\_ Grade: \_\_\_\_\_

Describe learning disability and special education services received:

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60. Any difficulties with behavior in school:  No  Yes  Unknown

If "Yes," age at which school problem behaviors began: \_\_\_\_\_ Grade: \_\_\_\_\_

Describe learning disability and special education services received:

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61. School absences or tardiness:  No  Yes  Unknown

If "Yes," describe: \_\_\_\_\_

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62. School suspensions or expulsions:  No  Yes  Unknown

If "Yes," describe: \_\_\_\_\_

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63. Any concerns with your child's peer relationships in school:  No  Yes  Unknown

If "Yes," describe: \_\_\_\_\_

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64. Any concerns with your child's relationships with teachers or school staff:  No  Yes  Unknown

If "Yes," describe: \_\_\_\_\_

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65. Was your child involved in school sports, or other extra curricula activities:  No  Yes  Unknown

If "Yes," describe: \_\_\_\_\_

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**Aggression, Dangerous, and Self-Harming Behaviors**

66. Is your child generally obedient or is he generally disobedient and defiant?

Very Obedient Somewhat Obedient Neither Somewhat Defiant Very Defiant

67. Has your child ever said he wanted to kill himself or threatened suicide: No Yes Unknown

If "Yes," at what age(s): \_\_\_\_\_

Describe: \_\_\_\_\_

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68. Has your child attempted suicide: No Yes Unknown

If "Yes," at what age(s): \_\_\_\_\_

Describe: \_\_\_\_\_

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69. Has your child ever said he wanted to hurt himself or engaged in non-suicidal self-injury (like self-cutting, seriously punching walls, etc.): No Yes Unknown

If "Yes," at what age(s): \_\_\_\_\_

Describe: \_\_\_\_\_

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70. Is your child ever cruel to people: No Yes Unknown

If "Yes," describe: \_\_\_\_\_

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71. Is your child ever cruel to animals: No Yes Unknown

If "Yes," describe: \_\_\_\_\_

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72. Is your child aggressive or violent:  No  Yes  Unknown

If "Yes," describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

73. Does your child ever say he wants kill someone, has he ever threatened to kill someone, or has he ever attempted to kill someone:  No  Yes  Unknown

If "Yes," describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

74. Has your child ever hurt or tried to hurt anyone through violence:  No  Yes  Unknown

If "Yes," describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

75. Has your child ever set fires:  No  Yes  Unknown

If "Yes," describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

76. Has your child ever run away:  No  Yes  Unknown

If "Yes," describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Alcohol and Substance Abuse**

77. Does your child use alcohol or has he ever used alcohol:  No  Yes  Unknown

If "Yes," describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If "Yes," has his use of alcohol been a problem or caused problems:  No  Yes  Unknown

If "Yes," describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

78. Does your child use drugs or has he ever used drugs?  No  Yes  Unknown

If "Yes:"  Unknown  Marijuana  Cocaine  Crack Cocaine  Amphetamine/Speed  
 LSD  Angel Dust  Ecstasy  Heroin  Methamphetamine  
 Other: \_\_\_\_\_

If "Yes," describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If "Yes," has his use of dugs been a problem or caused problems:  No  Yes  Unknown

If "Yes," describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

79. Has your child ever been treated for alcohol or drug abuse:  No  Yes  Unknown

If "Yes," describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Social Relationships**

- 80. Does your child have same age friends:  No  Yes  Unknown
- 81. How does your child get along with other same age children:  No  Yes  Unknown
- 82. Does your child have appropriate relationships with other children:  No  Yes  Unknown
- 83. How does your child get along with adults:  No  Yes  Unknown
- 84. Does your child have appropriate relationships with adults:  No  Yes  Unknown
- 85. How does your child deal with authority:  No Problems  Problems  Unknown

**Stressors, Trauma, and Significant Life Events**

- 86. Does your child have any history of experiencing any kind of trauma or extremely disturbing event:  
 No  Yes  Unknown

If "Yes," at what age: \_\_\_\_\_

If "Yes," describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 87. Has your child ever been physically abused:  No  Yes  Unknown

If "Yes," at what age: \_\_\_\_\_ By whom: \_\_\_\_\_

Describe what happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 88. Has your child ever been sexually abused:  No  Yes  Unknown

If "Yes," at what age: \_\_\_\_\_ By whom: \_\_\_\_\_

Describe what happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 89. Were there significant life changes in your child's early or recent life:  No  Yes  Unknown

If "Yes," at what age: \_\_\_\_\_

Describe change(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

90. Are there any current stressors in your child's life:  No  Yes  Unknown

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prior Treatment and Placement**

91. Has your child been in outpatient treatment:  No  Yes  Unknown

If "Yes," at what age(s): \_\_\_\_\_

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

92. Does your child have a current outpatient therapist:  No  Yes  Unknown

If "Yes," Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

93. Has your child been treated in an outpatient day program:  No  Yes  Unknown

If "Yes," at what age(s): \_\_\_\_\_

Name of Program : \_\_\_\_\_

94. Has your child been in residential treatment, a group home, or shelter:  No  Yes  Unknown

If "Yes," starting at what age: \_\_\_\_\_

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

95. Has your child ever been psychiatrically hospitalized?  No  Yes  Unknown

If "Yes," at what age(s): \_\_\_\_\_ Number of hospitalizations: \_\_\_\_\_

Hospital Names: \_\_\_\_\_

Reason(s) for hospitalization: \_\_\_\_\_

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



96. Has your child ever been placed into foster care:  No  Yes  Unknown

If "Yes," at what age(s): \_\_\_\_\_

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mental Health Symptoms**

97. Does your child been diagnosed with any of these conditions:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Anxiety Disorder         | <input type="checkbox"/> ADHD or ADD                         | <input type="checkbox"/> Obsessive Compulsive Disorder |
| <input type="checkbox"/> Major Depression         | <input type="checkbox"/> Dysthymic Disorder                  | <input type="checkbox"/> Bipolar Disorder              |
| <input type="checkbox"/> PTSD                     | <input type="checkbox"/> Conduct Disorder                    | <input type="checkbox"/> Oppositional Defiant Disorder |
| <input type="checkbox"/> Asperger's Disorder      | <input type="checkbox"/> Autistic Spectrum Disorder          | <input type="checkbox"/> Reactive Attachment Disorder  |
| <input type="checkbox"/> Eating Disorder          | <input type="checkbox"/> Schizophrenia/Pschoic Disorder      | <input type="checkbox"/> Hallucinations or Delusions   |
| <input type="checkbox"/> Explosive Anger          | <input type="checkbox"/> Facial, Body, or Vocal Tics         | <input type="checkbox"/> Dissociation                  |
| <input type="checkbox"/> Impulse Control Disorder | <input type="checkbox"/> Substance Abuse or Dependence       | <input type="checkbox"/> Phobias                       |
| <input type="checkbox"/> Mental Retardation       | <input type="checkbox"/> Borderline Intellectual Functioning | <input type="checkbox"/> Personality Disorder          |
| <input type="checkbox"/> Suicidal Ideation        | <input type="checkbox"/> Self- Injurious Behavior            | <input type="checkbox"/> Homicidal ideation            |

Other: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Psychiatric Medications**

98. Is your child prescribed any current psychiatric medications:  No  Unknown  Yes:

Medication: \_\_\_\_\_ Reason: \_\_\_\_\_  
Medication: \_\_\_\_\_ Reason: \_\_\_\_\_  
Medication: \_\_\_\_\_ Reason: \_\_\_\_\_  
Medication: \_\_\_\_\_ Reason: \_\_\_\_\_  
Medication: \_\_\_\_\_ Reason: \_\_\_\_\_

99. Has your child been prescribed any prior psychiatric medications:  No  Unknown  Yes:

If "Yes:"

Age: \_\_\_ Medication: \_\_\_\_\_ Reason: \_\_\_\_\_  
Age: \_\_\_ Medication: \_\_\_\_\_ Reason: \_\_\_\_\_  
Age: \_\_\_ Medication: \_\_\_\_\_ Reason: \_\_\_\_\_  
Age: \_\_\_ Medication: \_\_\_\_\_ Reason: \_\_\_\_\_  
Age: \_\_\_ Medication: \_\_\_\_\_ Reason: \_\_\_\_\_  
Age: \_\_\_ Medication: \_\_\_\_\_ Reason: \_\_\_\_\_  
Age: \_\_\_ Medication: \_\_\_\_\_ Reason: \_\_\_\_\_  
Age: \_\_\_ Medication: \_\_\_\_\_ Reason: \_\_\_\_\_  
Age: \_\_\_ Medication: \_\_\_\_\_ Reason: \_\_\_\_\_  
Age: \_\_\_ Medication: \_\_\_\_\_ Reason: \_\_\_\_\_  
Age: \_\_\_ Medication: \_\_\_\_\_ Reason: \_\_\_\_\_  
Age: \_\_\_ Medication: \_\_\_\_\_ Reason: \_\_\_\_\_  
Age: \_\_\_ Medication: \_\_\_\_\_ Reason: \_\_\_\_\_  
Age: \_\_\_ Medication: \_\_\_\_\_ Reason: \_\_\_\_\_

100. Does your child currently have a psychiatrist:  No  Yes  Unknown  
If "Yes," Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Physical Health**

101. Does your child have any medical problems:  No  Yes  Unknown  
If "Yes," describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

102. Does your child have any allergies:  No  Yes  Unknown  
If "Yes," describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

103. Does your child have any allergies to medication:  No  Yes  Unknown  
If "Yes," describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

104. Is your child prescribed any current medications for physical health problems:  No  Unknown  Yes:  
Medication: \_\_\_\_\_ Reason: \_\_\_\_\_  
Medication: \_\_\_\_\_ Reason: \_\_\_\_\_  
Medication: \_\_\_\_\_ Reason: \_\_\_\_\_  
Medication: \_\_\_\_\_ Reason: \_\_\_\_\_  
Medication: \_\_\_\_\_ Reason: \_\_\_\_\_  
Medication: \_\_\_\_\_ Reason: \_\_\_\_\_  
Medication: \_\_\_\_\_ Reason: \_\_\_\_\_

105. Does your child have any sleep problems:  No  Yes  Unknown  
If "Yes," describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

106. Does your child have any problems with enuresis (bed wetting) or encopresis (feces in bed):  
 No  Yes  Unknown  
If "Yes," describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sexually Abusive Behaviors**

107. If you are willing to describe the sexual abuse your child committed or is alleged to have committed, please continue.

\_\_\_ If not, please check this box, and go directly to question 115 (*final question*).

108. Please described the sexually abusive behavior your child has been accused of or has committed:

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109. Who was/were the actual or alleged victim(s) of the sexually abusive behavior?

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110. When did the abuse occur (approximate month and year)?

Between \_\_\_\_\_ (*month and year*) and \_\_\_\_\_ (*month and year*)

111. How old was your child at the time? \_\_\_\_\_

112. What was the age of the actual or alleged victim(s): \_\_\_\_\_

113. Does your child have any history of prior sexual offending behaviors:  No  Yes  Unknown

114. If "Yes," how was the sexually abusive behavior actually or allegedly discovered?

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115. Do you believe your child committed a sexual offense:  Yes  No  I'm Not Sure