Social and Family History Questionnaire (Mother)

Youth: _____

Date of Admission: _____

Date of Birth: _____ Age Upon Admission: ___ Years ___ Months

Evaluator: _____ Phone: _____

Questionnaire Completed By: _____

Relationship to Student: __Birth Mother __Step Mother __Adopted Mother

__Other *(describe):* _____

Date Completed: _____

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Social and Family History Inventory (Mother)

Student Name/Your Child: ____

Date of Birth: ____________________

Your Name: ________________________________ Date of Birth/Current Age: ______________

Your Relationship: __Birth Mother __Step Mother __Adopted Mother __Other: __________ ________________

Highest school grade completed: _____ Current Employment: ______________________________

Father's Name: ________________________________ Date of Birth/Current Age: ____________

Father'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 father __Unmarried, living with child's father __Re-Married __Divorced, Unmarried

   __Separated __Single (Never Married) __Unmarried, living with partner

   __Other: ____

4. If divorced or separated from your child's father, is he married to or living with someone else?

   ___Yes ___No ___Unknown ___Not Applicable

5. If father is living elsewhere, where is he 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 father 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 father'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.*

Name (first and last)	*Boy/Girl*	*Age*	*Relationship to Your Child*	*Currently Living Where*
______________________	____	__	*__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 father have any other children from other marriages or relationships?

Name (first and last)	*Boy/Girl*	*Age*	*Currently Living Where*

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

Name of Person	*Relationship to you*	*Age*

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 father or other family members? Please give details, including your child's age at the time of the moves.

Parent and Family Details

16. Do you have a history of alcohol or drug use or abuse? __Yes __No

    If "Yes," please describe:

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

18. Does your child's father have a history of alcohol or substance abuse? __Yes __No __Unknown

    If "Yes," please describe:

19. Has your child's father 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)?

Family Relationship	*Alcohol*	*Drugs*

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 father 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 father 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 father 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?

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

Your Child's Early Development

31. Were there any problems with your pregnancy or delivery of your child?
    __No __Yes: If "Yes," please explain: _____

32. Did you smoke, drink, or use drugs at any time during your 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: _____

35. Did your child experience any significant illnesses, accidents, injuries, or other physical problems after age 7:
    __No __Yes __Unknown
    If "Yes," please explain: _____

36. Did your child have any other important childhood difficulties before age 6?
    __No __Yes __Unknown
    If "Yes," please explain: _____

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?

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?

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:

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:

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:

61. School absences or tardiness: __No __Yes __Unknown

If "Yes," describe: _____

62. School suspensions or expulsions: __No __Yes __Unknown

If "Yes," describe: _____

63. Any concerns with your child's peer relationships in school: __No __Yes __Unknown

If "Yes," describe: _____

64. Any concerns with your child's relationships with teachers or school staff: __No __Yes __Unknown

If "Yes," describe: _____

65. Was your child involved in school sports, or other extra curricula activities: __No __Yes __Unknown

If "Yes," describe: _____

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 you child ever said he wanted to kill himself or threatened suicide: __No __Yes __Unknown

    If "Yes," at what age(s): _____

    Describe: _____

68. Has your child attempted suicide: __No __Yes __Unknown

    If "Yes," at what age(s): _____

    Describe: _____

69. Has you 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: _____

70. Is your child ever cruel to people: __No __Yes __Unknown

    If "Yes," describe: _____

71. Is your child ever cruel to animals: __No __Yes __Unknown

    If "Yes," describe: _____

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 __Ecstacy __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:

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

__ Other: _____

__ Other: _____

__ Other: _____

Psychiatric Medications

98. Is your child prescribed any <u>current</u> psychiatric medications: __No __Unknown __Yes:

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Medication: _____ Reason: _____

99. Has your child been prescribed any <u>prior</u> 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: _____

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:

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

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?

115. Do you believe your child committed a sexual offense: __Yes __No __I'm Not Sure