

AMIGO FAMILY COUNSELING

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PARENT QUESTIONNAIRE

PLEASE RETURN THIS COMPLETED FORM AS SOON AS POSSIBLE.

Information completed by: _____ Date: _____

Child's Name _____ Date of Birth _____ Sex _____

Home address _____

Home Telephone _____

Child's School _____ Grade _____
NAME ADDRESS

Teacher's Name _____

Ethnic Group: White _____ Black _____ Hispanic _____ American Indian _____ Other _____

Religion _____

Child lives with: Natural Mother _____ Natural Father _____ Stepmother _____ Stepfather _____
Adoptive Mother _____ Adoptive Father _____ Foster Mother _____
Foster Father _____ Other (please specify) _____

Who has legal custody of the child? _____

If either parent is not in the home, where does he/she live? _____

Frequency of visits with the child _____

Father's Name _____ Occupation _____

Business Name _____ Business Address _____

Business Phone _____ Age _____

Mother's Name _____ Occupation _____

Business Name _____ Business Address _____

Business Phone _____ Age _____

If parents are divorced: Date of separation _____ Date of divorce _____

If either parent has remarried: Date of remarriage/Mother _____ Father _____

Provide the following information on any adult who does not live in the home, but has frequent and regular contact with the child.

Name _____ Home address _____

Occupation _____ Phone _____

If both parents are employed, who cares for child in their absence? _____

Give a brief summary of your main concerns about your child.

When did these problems begin?

Describe any stress which your family is currently experiencing.

What type(s) of discipline do you most frequently use with your child?

What is most effective?

Name of Child _____

Date _____

Please answer all questions. Beside each item below, indicate the degree of the problem by a checkmark ().

	Not at all	Just a little	Pretty much	Very much
1. Picks at things (nails, fingers, hair, clothing).				
2. Sassy to grown-ups.				
3. Problems with making or keeping friends.				
4. Excitable, impulsive.				
5. Wants to run things.				
6. Sucks or chews (thumb, clothing, blankets).				
7. Cries easily or often.				
8. Carries a chip on his shoulder.				
9. Daydreams.				
10. Difficulty in learning.				
11. Restless in the "squirmy" sense.				
12. Fearful of new situations: new people or places; going to school				
13. Restless, always up and on the go.				
14. Destructive.				
15. Tells lies or stories that aren't true.				
16. Shy.				
17. Gets into more trouble than others same age.				
18. Speaks differently from others same age (baby talk, stuttering, hard to understand).				
19. Denies mistakes or blames others.				
20. Quarrelsome.				
21. Pouts and sulks.				
22. Steals.				
23. Disobedient or obeys but resentfully.				
24. Worries more than others (about being alone; illness or death).				
25. Fails to finish things.				
26. Feelings easily hurt.				
27. Bullies others.				
28. Unable to stop a repetitive activity.				
29. Cries.				
30. Childish or immature (wants help he shouldn't need; clings; needs constant reassurance).				
31. Distractibility or attention span a problem.				
32. Headaches.				
33. Mood changes quickly and drastically.				
34. Doesn't like or doesn't follow rules or restrictions.				
35. Fights constantly.				
36. Doesn't get along well with brothers and sisters.				
37. Easily frustrated in efforts.				
38. Disturbs other children.				
39. Basically an unhappy child.				
40. Problems with eating (poor appetite; up between bites).				
41. Stomach aches.				
42. Problems with sleep (can't fall asleep; up too early; up in the night).				
43. Other aches and pains.				
44. Vomiting or nausea.				
45. Feels cheated in family circle.				
46. Boasts and brags.				
47. Lets self be pushed around.				
48. Bowel problems (frequently loose; irregular habits, constipation).				

HOME BEHAVIOR

All children exhibit, to some degree, the kinds of behavior listed below. Check those which you believe your child exhibits to an excessive degree when compared to other children his or her age.

Hyperactivity (high activity level)	_____	Poor attention span	_____
Impulsivity (poor self control)	_____	Low frustration threshold	_____
Temper outbursts	_____	Sloppy table manners	_____
Interrupts frequently	_____	Doesn't listen when spoken to	_____
Sudden outbursts of physical abuse to other children	_____	Acts as if he or she is driven by a motor	_____
Wears out shoes more frequently than siblings	_____	Doesn't seem to learn from experience	_____
Excessive number of accidents	_____	Heedless to danger	_____
Poor memory	_____	More active than siblings	_____

PEER RELATIONSHIPS

Does your child seek friendships with peers? _____ Is your child sought by peers? _____
 Does your child play primarily with children his/her own age? _____ Younger _____ Older _____
 Briefly describe any problems your child may have with peers _____

SIBLINGS: Give the following information on your child's siblings.

Name	Grade or Occupation	Sex	Age	Full	Half	Step	Adopted	Living at Home

Describe any medical, social, or academic problems of any sibling.

Name	_____	Problem	_____
	_____		_____
	_____		_____
	_____		_____

FAMILY HISTORY - MOTHER

Present age _____ Age at time of patient's birth _____
 Sterility problems (specify) _____
 School: Highest grade completed _____ Grade(s) repeated _____
 Learning problems _____ Behavior problems _____
 Medical problems (specify) _____
 Have any of your blood relatives ever had problems similar to those of your child? _____ If so, please describe _____

Has any family member had problems with:

Alcoholism _____
Drug Abuse _____
Depression _____
Mental Illness _____

Short attention span _____
Hyperactivity _____
Impulsive Behavior _____

FAMILY HISTORY - FATHER

Present age _____ Age at time of patient's birth _____

Sterility problems (specify) _____

School: Highest grade completed _____ Grade(s) repeated _____

Learning problems _____ Behavior problems _____

Medical problems (specify) _____

Have any of your blood relatives ever had problems similar to those of your child? _____ If so, please describe _____

Has any family member had problems with:

Alcoholism _____
Drug Abuse _____
Depression _____
Mental Illness _____

Short attention span _____
Hyperactivity _____
Impulsive Behavior _____

What types of moves have occurred during the child's lifetime?

1. Lived in same place. _____
2. Moved between states. _____ Number of times _____
3. Moved between cities. _____ Number of times _____
4. Moved within the same city. _____ Number of times _____

PREGNANCY

Complications: Please check any which occurred.

Excessive vomiting _____ Hospitalization required? _____

Excessive spotting or blood loss? _____ Threatened miscarriage _____

Infection _____ Please specify _____

Surgery _____ Please specify _____

Toxemia _____ Other illness _____ Please specify _____

Smoking during pregnancy _____ Average number of cigarettes per day _____

Alcohol consumption during pregnancy _____ Please describe amount _____

List any medication taken during pregnancy _____

X-ray studies done during pregnancy _____

Duration of pregnancy _____

Medical care during pregnancy began in what month? _____

DELIVERY

Type of labor: Spontaneous _____ Induced _____

Forceps: High _____ Mid _____ Low _____

Duration of labor: _____ hours

Type of delivery: Vertex (normal) _____ Breech _____ Caesarean _____

Complications:

Cord around neck _____ Cord presented first _____ Hemorrhage _____

Infant injured during delivery _____ Other complications, please specify _____

Birth weight: _____

POST-DELIVERY PERIOD (while in hospital)

Respiration: immediate _____ delayed, please specify how long _____

Cry: immediate _____ delayed, please specify how long _____

Mucus accumulation _____ Apgar score (if known) _____ Jaudice _____

Rh factor _____ Transfusion _____ Cyanosis (turned blue) _____

Incubator care _____ Number of days _____ Suck: strong _____ weak _____

Infection, please specify _____

Vomiting _____ Diarrhea _____

Birth defects, please specify _____

Total number of days baby was in the hospital after the delivery _____

INFANCY-TODDLER PERIOD

Were any of the following present to a significant degree during the first few years of life? If so, please describe.

Did not enjoy cuddling _____

Was not calmed by being held and/or stroked _____

Colic _____

Excessive restlessness _____

Diminished sleep because of restlessness and easy arousal _____

Frequent headbanging _____

Constantly into everything _____

Excessive number of accidents compared to other children _____

DEVELOPMENTAL MILESTONES

If you can recall, record the age at which your child reached the following developmental milestones. If you cannot recall, check one of the items at the right.

I cannot recall exactly, but to the best of my recollection it occurred:

	AGE	EARLY	AT THE NORMAL TIME	LATE
Smiled				
Sat without support				
Crawled				
Walked alone				
Spoke first words – besides mama, dada				
Said phrases				
Said sentences				
Bowel trained, day				
Bowel trained, night				
Bladder trained, day				
Bladder trained, night				
Rode tricycle				
Rode bicycle (no training wheels)				
Buttoned clothing				
Tied shoelaces				
Named colors				
Named coins				
Said alphabet in order				
Began to read				

COORDINATION: Rate your child on the following skills:

	GOOD	AVERAGE	POOR
Walking			
Running			
Throwing			
Catching			
Shoelace tying			
Buttoning			
Writing			
Athletic abilities			

Most children exhibit, at one time or another, one or more of the symptoms listed below. Please a P next to those your child has exhibited in the PAST and an N next to those he/she exhibits NOW. Only mark those symptoms that have been or are present to a significant degree over a period of time. Only check as problems behaviors that you suspect are unusual or abnormal when compared to what you consider normal for your child's age.

- | | | |
|---|--|---|
| <input type="checkbox"/> Thumb sucking | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Bribes other children |
| <input type="checkbox"/> Baby talk | <input type="checkbox"/> Excessive sexual interest and preoccupation | <input type="checkbox"/> Excessively competitive |
| <input type="checkbox"/> Frequent temper tantrums | <input type="checkbox"/> Frequent sex play with other children | <input type="checkbox"/> Often cheats in games |
| <input type="checkbox"/> Excessive silliness or clowning | <input type="checkbox"/> Excessive masturbation | <input type="checkbox"/> Runs away from home |
| <input type="checkbox"/> Excessive demands for attention | <input type="checkbox"/> Little, if any, response to punishment for anti-social behavior | <input type="checkbox"/> Violent outbursts |
| <input type="checkbox"/> Cries easily and frequently | <input type="checkbox"/> Few, if any, friends | <input type="checkbox"/> Stealing |
| <input type="checkbox"/> Generally immature | <input type="checkbox"/> Doesn't seek friends | <input type="checkbox"/> Cruelty to animals or children |
| <input type="checkbox"/> Eats non-edible substances | <input type="checkbox"/> Rarely sought by peers | <input type="checkbox"/> Destruction of property |
| <input type="checkbox"/> Overeating with overweight | <input type="checkbox"/> Not accepted by peers | <input type="checkbox"/> Criminal and/or dangerous acts |
| <input type="checkbox"/> Eating binges | <input type="checkbox"/> Selfish | <input type="checkbox"/> Trouble with police |
| <input type="checkbox"/> Undereating with underweight | <input type="checkbox"/> Doesn't respect rights of others | <input type="checkbox"/> Violent assault |
| <input type="checkbox"/> Long periods of dieting and food abstinence with underweight | <input type="checkbox"/> Frequently likes to wear clothing of opposite sex | <input type="checkbox"/> Fire setting |
| <input type="checkbox"/> Poor follow-through | <input type="checkbox"/> Exhibits gestures and intonations of the opposite sex | <input type="checkbox"/> Little, if any, guilt over behavior that causes discomfort or pain to others |
| <input type="checkbox"/> Low curiosity | <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Quietly or silently defiant of authority |
| <input type="checkbox"/> Open defiance of authority | <input type="checkbox"/> Frequent stomach cramps | <input type="checkbox"/> Feigns compliance but doesn't comply with request |
| <input type="checkbox"/> Blatently uncooperative | <input type="checkbox"/> Frequent nausea and vomiting | <input type="checkbox"/> Drug abuse |
| <input type="checkbox"/> Frequent use of profanity to authority figures | <input type="checkbox"/> Often complains of aches and pains | <input type="checkbox"/> Alcohol abuse |
| <input type="checkbox"/> Truancy from school | <input type="checkbox"/> Worries over illness | <input type="checkbox"/> Very tense |
| <input type="checkbox"/> Preoccupied with food - what to eat and what not to eat | <input type="checkbox"/> Poor motivation | <input type="checkbox"/> Nail biting |
| <input type="checkbox"/> Preoccupation with bowel movements | <input type="checkbox"/> Apathy | <input type="checkbox"/> Chews on clothes, blankets, etc. |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Takes path of least resistance | <input type="checkbox"/> Head banging |
| <input type="checkbox"/> Encopresis (soiling) | <input type="checkbox"/> Ever trying to avoid responsibility | <input type="checkbox"/> Hair pulling |
| <input type="checkbox"/> Enuresis (bed wetting) | <input type="checkbox"/> Suspicious | <input type="checkbox"/> Picks on skin |
| <input type="checkbox"/> Frequent nightmares | <input type="checkbox"/> Aloof | <input type="checkbox"/> Speaks rapidly and under pressure |
| <input type="checkbox"/> Night terrors (terrifying nighttime outbursts) | <input type="checkbox"/> "Smart aleck" attitude | <input type="checkbox"/> Wants things own way with exaggerated reaction if thwarted |

- Trouble putting self in other's position
- Egocentric (self-centered)
- Frequently hits others
- Argumentative
- Excessively critical of others
- Ever complaining
- Is often picked on and easily bullied by other children
- Anxiety attacks with heart pounding, shortness of breath, sweating, etc.
- Disorganized
- Tics: such as eye-blinking, grimacing, or other spasmodic repetitious movements
- Involuntary grunts, sounds (understandable or not)
- Stuttering
- Depression
- Frequent crying spells
- Excessive worrying over minor things
- Suicidal preoccupation, gestures or attempts
- Irritability
- "Sore loser"
- "Doesn't know when to stop"
- Poor common sense in social situations
- Often feels cheated
- Feels others are persecuting him when there is no evidence for such
- Always wants his/her own way
- Very stubborn
- Obstructionistic

- Negative (does just opposite of what is requested)
 - Excessive self-criticism
 - Tolerates criticism poorly
 - Feelings easily hurt
 - Dissatisfaction with appearance
 - Excessive modesty over bodily exposure
 - Perfectionistic, rarely satisfied with performance
 - Frequently blames others as a cover-up for own shortcomings
- Fears of:
- Dark
 - New situations
 - Strangers
 - Being alone
 - Death
 - Separation from parent
 - School
 - Visiting other children's homes
 - Going away to camp
 - Animals
- Other fears (specify):
- _____
- _____
- Withdrawn
 - Fears asserting self
 - Inhibits open expression
 - Allows self to be easily taken advantage of
 - Frequently pouts and/or sulks
 - Excessive desire to please authority
 - "Too good"
 - Often appears insincere and/or artificial
 - Too mature, acts older than actual age

- Excessive guilt over minor indiscretions
- Asks to be punished
- Little concern for personal appearance or hygiene
- Little concern for or pride in personal property
- "Gets hooked" on certain ideas and remains preoccupied
- Compulsive repetition of seemingly meaningless physical acts
- Shy
- Inhibited self-expression in dancing, singing, laughing, etc.
- Recoils from affectionate physical contact
- Flat emotional tone
- Speech noncommunicative or poorly communicative
- Hears voices
- Sees visions

COMPREHENSION AND UNDERSTANDING

Do you consider your child to understand directions and situations as well as other children his or her age? _____ If not, why not?

How would you rate your child's overall level of intelligence compared to other children?
 Below average _____ Average _____ Above average _____

SCHOOL

Rate your child's school experiences related to academic learning:

	GOOD	AVERAGE	POOR
Nursery school			
Kindergarten			
Current grade			

To the best of your knowledge, at what grade level is your child functioning in

Reading _____ Spelling _____ Mathematics _____

Has your child ever repeated a grade? _____ If so, which one(s)? _____

Present class placement: regular class _____ special class (specify) _____

Kinds of special therapy or remedial work your child is currently receiving _____

Briefly describe any academic problems _____

Rate your child's school experience related to behavior:

	GOOD	AVERAGE	POOR
Nursery school			
Kindergarten			
Current grade			

Does your child's teacher describe any of the following as significant classroom problems?

- | | |
|--|--|
| _____ Doesn't sit still in his/her seat | _____ Frequently walks around classroom |
| _____ Won't wait his/her turn | _____ Doesn't respect others' rights |
| _____ Shouts out; doesn't wait to be called upon | _____ Doesn't cooperate well in group activities |
| _____ Does better in one-to-one relationships | _____ Inattentive during storytelling |

Briefly describe any other classroom behavioral problems _____

INTERESTS AND ACCOMPLISHMENTS

What are your child's main hobbies and interests? _____

What are his/her areas of greatest accomplishment? _____

What does your child enjoy doing most? _____

What does your child dislike doing most? _____

MEDICAL HISTORY

If your child's medical history includes any of the following, please note the age when the incident or illness occurred and any other pertinent information.

Childhood diseases (describe any complications) _____

Hospitalizations for illnesses other than surgeries _____

Surgeries _____

Head injuries _____ with unconsciousness _____ without _____

Convulsions _____ with fever _____ without _____

Coma _____

Meningitis or encephalitis _____

Immunization reactions _____

Persistent high fevers _____ Highest temperature recorded _____

Eye problems _____

Poisoning _____

Allergies (please specify) _____

PRESENT MEDICAL STATUS

Present height _____ Present Weight _____

Present illness or illnesses for which child is being treated _____

Medications child is taking on an ongoing basis _____

Date of child's most recent physical examination _____