

Family Functioning:

Families are essential! This is a “no fault” questionnaire. We know parents try their best. We just want to know what your family’s strengths and challenges are.

Please place an “X” along the [0---1---2---3] continuum indicating how true the statement is for your family now.

This scale is based on the ICPS Family Functioning Scale developed by Patricia Noller, Department of Psychology, University of Queensland Australia. (Used with permission)	
	0 1 2 3 Disagree Agree
1. People in our family help and support each other	0 1 2 3
2. Each member of our family has a say in important family decisions	0 1 2 3
3. It is hard to get a rule changed in our family	0 1 2 3
4. We are honest with each other	0 1 2 3
5. We often misunderstand each other	0 1 2 3
6. Parents usually agree on things involving the family	0 1 2 3
7. We are flexible about who does what in our family	0 1 2 3
8. Even though we mean well, we interfere too much in each other’s lives	0 1 2 3
9. There is a lot of anger between family members	0 1 2 3
10. Family members feels very close to each other	0 1 2 3
11. Children have a say in the rules	0 1 2 3
12. We interrupt and talk over each other	0 1 2 3
13. We show affection and tenderness to one another	0 1 2 3
14. One parent sides with children against the other parent	0 1 2 3
15. We work together to sort out problems	0 1 2 3
16. Each person is encouraged to make up their own mind about things	0 1 2 3
17. Once we have decided something, we have difficulty making changes	0 1 2 3
18. Family members show their true feelings to each other	0 1 2 3
19. Making decisions and plans is a problem for our family	0 1 2 3
20. Each family member is accepted for what they are	0 1 2 3
21. Children are consulted with and participate in decision making	0 1 2 3
22. It is easier to talk about problems with people outside the family than with other family members	0 1 2 3
23. We listen to and respect each other’s point of view	0 1 2 3
24. We try to change each other in big ways	0 1 2 3
25. Members of our family are able to stand on their own feet	0 1 2 3
26. We can usually sort out problems by talking about them	0 1 2 3
27. Family members have a say in family matters	0 1 2 3
28. Even when we disagree, we still show our love for each other	0 1 2 3
29. Parents and children talk about things before decisions are made	0 1 2 3

Social Assets:

This page gives us an idea of the supports that are available to your child at this time.

Please place an X along the [0----1----2----3] continuum to how true this statement is for your child.

Adapted from the Search Institute's 40 Developmental Assets	0	1	2	3
	Not at all true			Very true
1. Family life provides high levels of love and support	0	1	2	3
2. My child asks for help and advice	0	1	2	3
3. My child has adults outside the family that are important to him or her	0	1	2	3
4. We know and like our neighbors	0	1	2	3
5. My child's school is caring and safe	0	1	2	3
6. Adults in our community value young people	0	1	2	3
7. My child helps in the community one hour or more per week	0	1	2	3
8. My child feels safe at home, school, and in the neighborhood	0	1	2	3
9. Family has clear rules and consequences and monitors the child's whereabouts	0	1	2	3
10. School provides clear rules and consequences	0	1	2	3
11. Neighbors take responsibility for monitoring my child's behavior	0	1	2	3
12. Parent(s) and other adults model positive, responsible behavior	0	1	2	3
13. My child's best friends model responsible behavior	0	1	2	3
14. My child spends three or more hours per week in lessons or practice in music, theater, or other arts	0	1	2	3
15. My child spends three or more hours per week in sports, clubs, or organizations at school and/or in the community	0	1	2	3
16. My child spends one or more hours per week in activities in a religious institution	0	1	2	3
17. My child is out with friends "with nothing special to do" two or fewer nights per week	0	1	2	3
18. My child is motivated to do well in school	0	1	2	3
19. My child is actively engaged in learning	0	1	2	3
20. My child does home work every school day	0	1	2	3
21. My child enjoys school	0	1	2	3
22. My child reads for pleasure three or more hours per week	0	1	2	3
23. My child places high value on helping other people	0	1	2	3
24. My child places high value on promoting equality and reducing hunger and poverty	0	1	2	3
25. My child stands up for her or his beliefs	0	1	2	3
26. My child "tells the truth even when it is not easy"	0	1	2	3
27. My child accepts and takes personal responsibility	0	1	2	3
28. My child believes it is important not to be sexually active before marriage or to use alcohol or other drugs	0	1	2	3
29. My child knows how to plan ahead and make choices	0	1	2	3
30. My child has empathy, sensitivity, and friendship skills	0	1	2	3
31. My child has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds	0	1	2	3
32. My child can resist negative peer pressure and dangerous situations	0	1	2	3
33. My child seeks to resolve conflict nonviolently	0	1	2	3
34. My child feels s/he has control over "things that happen to me"	0	1	2	3
35. My child reports having a high self-esteem	0	1	2	3
36. My child reports that "my life has a purpose"	0	1	2	3
37. My child is optimistic about her or his personal future	0	1	2	3

Popular Culture:

No Concerns _____

The following are a list of activities that parents sometimes worry may add to their child’s problems. Please note if you are concerned about these for your child:

Please place an X along the [0----1----2----3] continuum indicating how much of a problem each activity is for your child.

	0	1	2	3
	Not			at
	Very			True
	All	True		True
1. Television and DVDs (too much, poor choice of programs)	0	1	2	3
2. Gambling	0	1	2	3
3. Video games/ computer games (too much, poor choice)	0	1	2	3
4. Caught up in internet searching (YouTube, etc.)	0	1	2	3
5. Pornography	0	1	2	3
6. Occult or Satanic literature or media	0	1	2	3
7. War enactment games	0	1	2	3
8. Magic, Warhammer, Dungeons and Dragons, or other role-playing game	0	1	2	3
9. Shopping problems	0	1	2	3
10. Problems with on-line social networking	0	1	2	3
11. Choice of music	0	1	2	3
12. Choice of dress/appearance	0	1	2	3
13. Sexting	0	1	2	3
14. Texting/Cell phone use	0	1	2	3
15. Social Media (facebook/MySpace etc.)	0	1	2	3
16. Child collects items related to, or is fascinated by weapons/violence	0	1	2	3
17. Child collects items related to, or is fascinated by sex/pornography	0	1	2	3
18. Child collects items related to, or is fascinated by occult/Satan	0	1	2	3
19. Child collects items related to, or is fascinated by vampires/zombies	0	1	2	3
20. Child collects items related to, or is fascinated by super heroes/sci fi	0	1	2	3
21. Child collects items related to, or is fascinated by robots/machines	0	1	2	3
22. Child collects items related to, or is fascinated by makeup/clothes/fashion	0	1	2	3
23. Other:	0	1	2	3

What are your family values or rules about media, games, music, and dress? (*check all that apply*)

Please comment if appropriate:

- PG-13 only
- Child decides, parents supervise
- Hard to supervise because of work or other responsibilities
- Feels like we have no control over these areas
- Christian only
- Parents disagree
- Limit access by _____
- We trust our child/teen’s judgment
- Use technical controls (parent settings) control
- Strict rules, time limits
- Parents uncertain

Learning and School Problems:

No Concerns _____

If your child gets good grades in all subjects without help, keeps track of his or her assignments without any help, easily succeeds in different subjects and with various kinds of teachers, and has no signs of learning issues, please check the blank above and skip to the next section.

Otherwise, please place an X along the [0---1---2---3] continuum indicating where your child falls.

	0	1	2	3
	Not		at	
	Very		True	
	All	True		
1. Problems with calculations (+, -, x, ÷)	0	1	2	3
2. Math word problems are a struggle	0	1	2	3
3. Awkward or messy handwriting	0	1	2	3
4. School work is messy or disorganized	0	1	2	3
5. Problems writing down what s/he knows, but can give oral reports well	0	1	2	3
6. Problems with written reports	0	1	2	3
7. Problems with letter / number reversals	0	1	2	3
8. Problems with spelling	0	1	2	3
9. Problems with reading	0	1	2	3
10. Problems remembering or understanding what was read	0	1	2	3
11. Problems sounding out the parts of words	0	1	2	3
12. Problems remembering to bring assignments, work or books home	0	1	2	3
13. Problems using daily planner (for grades 6 and above)	0	1	2	3
14. Problems with meeting deadlines	0	1	2	3
15. Finishes work, but doesn't turn it in	0	1	2	3
16. Good daily work, but poor test taking/test scores	0	1	2	3
17. Doesn't respect teacher's authority	0	1	2	3
18. Works below ability	0	1	2	3
19. Perfectionist/puts pressure on self	0	1	2	3
20. Often late to class	0	1	2	3
21. Skips class	0	1	2	3
22. Sleeps in class	0	1	2	3
23. Refuses to do work	0	1	2	3
24. Disruptive (clowning or oppositional)	0	1	2	3
25. "Hates" school	0	1	2	3

____ Child is on an IEP

____ Child gets tutoring

Please comment on when these problems began, and whether they are getting better or worse:

Please tell us how you've tried to help and what has worked or not worked:

Habit, tic disorders, and other body problems:

No Concerns _____

If the child or teen does not have problems with unusual muscle movements, nervous habits, problems with diet/exercise, or injuring him or herself, please check the blank above and skip to the next section.

Otherwise, please place an X along the [0----1----2----3] continuum indicating where you child falls.

	0	1	2	3
	Not at all true			Very true
1. Muscle tics (i.e. rapid, repetitive muscle twitches). Examples: exaggerated or repetitive eye blinking, sniffing/snorting, head tossing	0	1	2	3
2. Has frequent physical restless movements: bouncing leg, tapping fingers	0	1	2	3
3. Repeated mumbling, shouting or cursing that seems to be involuntary	0	1	2	3
4. Compulsive rituals, such as having to touch or tap things in a particular way or a certain number of times	0	1	2	3
5. Pulls out own hair, eyelashes, or eyebrows	0	1	2	3
6. Bites nails, picks scabs	0	1	2	3
7. Has cut on him/herself or burned him/herself on purpose	0	1	2	3
8. Has given him/herself a tattoo or body piercing	0	1	2	3
9. Child soils self (has bowel movements in pants) during the day	0	1	2	3
10. Child smears feces (bowel movements)	0	1	2	3
11. Wets the bed	0	1	2	3
12. Urinates at places other than toilet (during the day)	0	1	2	3
13. Head banging	0	1	2	3
14. Diet problems (wrong food choices, refuses to eat, binges: explain below)	0	1	2	3
15. Exercises harshly or excessively	0	1	2	3
16. Preoccupied with body building or body image	0	1	2	3
17. Uses supplements/performance enhancers, laxatives or diuretics	0	1	2	3
18. Makes self-throw up	0	1	2	3
19. Excessive worry over ordinary health issues	0	1	2	3
20. Has an unusually sensitive gag reflex	0	1	2	3
21. Frequent headaches or stomach aches	0	1	2	3

Other habits or movements:

Please circle the setting(s) where these problems occur: Home School Community

Please comment on when these problems began, and whether they are getting better or worse:

Sexuality and sexual problems:

No Concerns _____

If the child is contented with his/her gender – (whether he is a boy or a girl), and s/he wears clothes suited to their sex and enjoys games and clothes typical for his or her sex, and the child shows normal development of interest in dating, and sexuality, please check the blank above and skip to the next section.

Otherwise, please place an X along the [0----1----2----3] continuum indicating where your child falls.

	0	1	2	3
	Not at all true			Very true
1. Has a potty mouth	0	1	2	3
2. Plays out sexual scenes with dolls or stuffed animals	0	1	2	3
3. Kisses or hugs others inappropriately	0	1	2	3
4. If a boy, plays with girl’s toys; if a girl, plays with boy’s toys	0	1	2	3
5. Talks about wanting to be the opposite sex	0	1	2	3
6. Tries to touch adult’s private parts	0	1	2	3
7. Touches playmate or peer’s private parts	0	1	2	3
8. Imitates adult sexual behaviors	0	1	2	3
9. Dresses like the opposite sex	0	1	2	3
10. Tries to look at people when they are nude or undressing	0	1	2	3
11. Has been exposed to sexually explicit TV shows or movies	0	1	2	3
12. Worries something is wrong with sexual parts	0	1	2	3
13. Walks around house in underclothes or undressed	0	1	2	3
14. Masturbation issues	0	1	2	3
15. Touches or scratches private parts when in public places	0	1	2	3
16. Talks in a flirtatious manner or dresses provocatively	0	1	2	3
17. Fascinated by pictures of nude or partially dressed people in magazines or books	0	1	2	3
18. Views pornography on the internet	0	1	2	3
19. Reports sexual play	0	1	2	3
20. Reports sexual activity	0	1	2	3
21. Reports sexual abuse (see pg. “Signs or Symptoms of Stress Resulting from Trauma”)	0	1	2	3

Other concerns about sexuality:

Please circle the setting(s) where these problems occur: Home School Community

Please comment on when these problems began, and whether they are getting better or worse:

Problems with Social Skills:

No Concerns _____

If the child can make friends and keep friends easily, shows good social judgment (i.e., common sense) for his/her age, and is able to adapt to a variety of settings and work with a variety of teachers without problems, please check the blank above and skip to the next section.

Otherwise, please place an X along the [0----1----2----3] continuum indicating where your child falls.

	0	1	2	3
	Not at all true			Very true
1. Child seems to lack an understanding of how to play with other children; unaware of the “rules” of social play	0	1	2	3
2. Ability to make and keep friends seems less than expected for age	0	1	2	3
3. Other children/teens see him/her as “odd”	0	1	2	3
4. Prefers to play with younger children or adults instead of same aged friends	0	1	2	3
5. Seems content to be alone: doesn’t put as much effort into being with friends as one would expect for age	0	1	2	3
6. Has only a few interests that s/he pursues repetitively; like computer games, dinosaurs, fantasy or science fiction, collections, animals, robots, sports statistics, etc.	0	1	2	3
7. Collects items that most people wouldn’t consider collectible. For example: bits of paper, vacuum cleaners.	0	1	2	3
8. Child seems poorly coordinated; is not skilled at catching a ball; doesn’t like to ride a bike	0	1	2	3
9. Child has an odd gait when running	0	1	2	3
10. Prefers to keep to the same routine; gets upset when the day’s schedule is changed	0	1	2	3
11. Acts as if family or parents should comply with his/her routines; won’t/can’t adapt	0	1	2	3
12. Child’s speech is too formal; talks like a little professor or like a walking dictionary	0	1	2	3
13. Child has an unusual tone of voice. For example, high pitched, monotone, or nasal voice	0	1	2	3
14. Child controls conversation; doesn’t ask other’s thoughts or opinions on the topic	0	1	2	3
15. Child interprets comments literally. For example, is confused by phrases such as “cat got your tongue”	0	1	2	3
16. Gives long speeches about a topic of interest without coming to the point.	0	1	2	3
17. Starts conversations in the middle; expects you to know what s/he has been thinking	0	1	2	3
18. Facial expression tends to be unchanging; people have trouble knowing what s/he is feeling	0	1	2	3
19. Avoids eye contact when speaking with you or has unblinking eye contact	0	1	2	3
20. Actively avoids brushing teeth, showering or bathing; has “faked” or lied about showering or bathing, etc.	0	1	2	3
21. Tends to correct adults over minor details; has difficulty taking direction because s/he always has a better idea.	0	1	2	3
22. Lacks a sense of style when choosing clothing	0	1	2	3
23. Despite intelligence, doesn’t seem to know what to do in many situations; seems to lack common sense	0	1	2	3
24. Although kind-hearted, acts self-centered much of the time or doesn’t consider the needs or feelings of others.	0	1	2	3

Please comment on when these problems began, and whether they are getting better or worse:

Anxiety Symptoms:

No Concerns _____

If the child can handle frustrations well, and does not show more than a typical response for his or her age when frightened or worried, or is able to accept reassurance or calm himself or herself, please check the blank above and skip this section.

0=Not True or Hardly Ever True 1= Somewhat True of Sometimes True

2=Very true or Often True

Screen for Child Anxiety Related Disorders (SCARED)	0	1	2
1. When my child feels frightened, it is hard for him/her to breathe.			
2. My child gets headaches when he/she is at school.			
3. My child doesn't like to be with people he/she doesn't know well.			
4. My child gets scared if he/she sleeps away from home.			
5. My child worries about other people liking him/her.			
6. When my child gets frightened, he/she feels like passing out.			
7. My child is nervous.			
8. My child follows me wherever I go.			
9. People tell me that my child looks nervous.			
10. My child feels nervous with people he/she doesn't know well.			
11. My child gets stomachaches at school.			
12. When my child gets frightened, he/she feels like he/she is going crazy			
13. My child worries about sleeping alone.			
14. My child worries about being as good as other kids.			
15. When he/she gets frightened, he/she feels like things are not real.			
16. My child has nightmares about something bad happening to his/her parents			
17. My child worries about going to school.			
18. When my child gets frightened, his/her heart beats fast.			
19. He/she gets shaky.			
20. My child has nightmares about something bad happening to him/her.			
21. My child worries about things working out for him/her.			
22. When my child gets frightened, he/she sweats a lot.			
23. My child is a worrier.			
24. My child gets really frightened for no reason at all.			
25. My child is afraid to be alone in the house.			
26. It is hard for my child to talk with people he/she doesn't know well.			
27. When my child gets frightened, he/she feels like he/she is choking.			
28. People tell me that my child worries too much.			
29. My child doesn't like to be away from his/her family.			
30. My child is afraid of having anxiety (or panic) attacks.			
31. My child worries that something bad might happen to his/her parents.			
32. My child feels shy with people he/she doesn't know well.			
33. My child worries about what is going to happen in the future.			
34. When my child gets frightened, he/she feels like throwing up.			
35. My child worries about how well he/she does things.			
36. My child is scared to go to school.			
37. My child worries about things that have already happened.			
38. When my child gets frightened, he/she feels dizzy.			
39. My child feels nervous when he/she is with other children or adults and he/she has to do something while they watch him/her (for example: read aloud, speak, play a game, play a sport.)			
40. My child feels nervous when he/she is going to parties, dances, or any place where there will be people that he/she doesn't know well.			
41. My child is shy.			

Anxiety Symptoms continued:

Please circle the setting(s) where these problems occur: Home School Community

Please comment on when these problems began, and whether they are getting better or worse:

Any other concerns?

Signs or Symptoms of Stress Resulting from Trauma: No Concerns _____

This section asks about serious or life-threatening situations. Almost all children have experienced one or more of these events but only some children will show distress for weeks or months after. Sometimes, children and teens show these signs and symptoms, but have not told parents or caregivers about the situation. Sometimes, these symptoms are found in children or teens who thought they were in a dangerous situation, even though they weren't.

This child has experienced one or more of the following upsetting events:

Please check all that apply	
	1. Tornado, flood or natural disaster
	2. House fire or other serious damage to house (i.e. break-in/burglary)
	3. Car accident in which someone was injured
	4. Saw a playmate seriously injured
	5. Had a "close call" in which child feared they might die
	6. Had a medical procedure which was painful, frightening, or required restraints
	7. Witnessed a loved one in an accident or life-threatening illness
	8. Regularly or seriously teased or harassed at school
	9. Was a victim of a crime
	10. Was bitten by a dog or hurt by an animal
	11. Had an accident which resulted in injury or scarring
	12. Witnessed arguments in the home in which adults shouted, swore, threatened one another
	13. Witnessed violence in the home: shoving, hitting, slapping, or worse
	14. Victim of physical abuse Experienced at age:
	15. Victim of emotional abuse Experienced at age:
	16. Victim of sexual abuse Experienced at age:
	17. Not sure, but suspect child may have been abused
	18. Victim of Cyberbullying Experienced at age:
	19. Child spent time in an orphanage or foster home Experienced at age:
	20. Other:

Signs or Symptoms of Stress Resulting from Trauma Continued:

Please complete the questions below:

Please check all that apply	
	1. Child “plays” about an upsetting event – for example: “Let’s pretend the tornado comes....”
	2. Child / teen collects weapons, knives, Ninja things, etc.
	3. Child reports frequent nightmares (>1 per month)
	4. Child has episodes in which they seem to think the distressing event is happening again (flashbacks)
	5. Child becomes fearful when s/he encounters something that reminds him/her of the upsetting event
	6. Child avoids or refuses to talk about the upsetting event
	7. Child avoids situations, people, or places that remind him/her of the upsetting event
	8. Child can’t recall or refuses to remember the upsetting event
	9. Child had a change in personality after the event
	10. Child shows little interest in planning his/her future career or life
	11. Child has an exaggerated startle response (“jumpy”)
	12. Child is excessively clingy or developed immature behavior after the upsetting event (e.g., bedwetting)
	13. Child is uncomfortable or feels unsafe in new settings; doesn’t want to try new activities
	14. Child is fascinated by stories of survival or horror movies
	15. Child is fascinated and worried by storms or weather patterns
	16. Child is fascinated by or worried about burglars or “bad guys”
	17. Child over-reacts to strangers or people who seem loud or threatening (example: rowdy teenagers)

Inattentive, hyperactive, or impulsive behaviors:

No Concerns _____

If the child can stick with school-work easily, pays attention in class, and shows good independence and organization throughout the day, at both home and school, check the blank above and skip this section.

0=Never

1=Rarely

2=Often

3=Usually

	0	1	2	3	
1. Doesn't pay close attention or makes careless mistakes while working					
2. Has difficulty sustaining attention during play, school, or work					
3. Does not seem to listen when spoken to directly					
4. Has difficulty following through on tasks or instructions; fails to finish tasks or chores					
5. Has difficulty keeping an organized area (room, desk, locker, etc.)					
6. Avoids, dislikes, or puts off doing tasks that require focused concentration					
7. Has a tendency to lose things					
8. Easily distracted from work or during conversations					
9. Is often forgetful					
10. Often fidgety or physically restless					
11. Often gets up to move around when expected to remain seated					
12. Often runs or climbs in situations when it's not appropriate (in teens or adults, this may be an urge to move that the person must use effort to control)					
13. Has difficulty playing or occupying his or her time quietly					
14. Often "on the go" as if "driven by a motor." Always must be doing something.					
15. Often talks excessively					
16. Often blurts out answers to questions or responses in conversations					
17. Has difficulty waiting in lines or waiting for his or her turn					
18. Interrupts or intrudes on others					
19. Has difficulty settling down to sleep					
20. Wakes up irritable and disorganized					
21. Emotionally sensitive – "thin skinned"					
22. Emotionally insensitive – seems unfeeling					
23. Often speaks in a voice too loud for the setting					
24. Bossy with peers					
25. Accident prone					
26. Impulsive, bold, a dare-devil					
27. Over-cautious, hesitant in new situations					
28. Class-clown behaviors; silly and goofy					
29. Sluggish, "couch-potato" temperament					

Please circle the setting(s) where these problems occur:

Home

School

Community

Please comment on when these problems began, and whether they are getting better or worse:

Signs of a Mood Disorder:

No Concerns _____

If the child's moods are generally predictable and understandable, and the child is able to handle the ups and downs of life in a manner typical for his or her age, please check the blank above and skip to the next section.

0=Never

1=Sometimes

2=Often

3=Very Often

Adapted from CMRS, Parent Version *Pavuluri, et al (2006) JAACAP 45(5):550-560*

Please consider it a problem if it is causing trouble and is beyond what is normal for your child's age. Otherwise, check '0' if the behavior is not causing trouble.

<i>Does your child....</i>	0	1	2	3
1. Have periods of feeling super happy for hours or days at a time, extremely wound up and excited, such as feeling "on top of the world"				
2. Feel irritable, cranky, or mad for hours or days at a time				
3. Thinks that he or she can be anything or do anything (e.g. leader, best basketball player, rap singer, millionaire, princess) beyond what is usual for that age				
4. Believes that s/he has unrealistic abilities or powers that are unusual, and may try to act upon them, which causes trouble				
5. Needs less sleep than usual; yet does not feel tired the next day				
6. Has gone for 24 hours completely without sleep and without feeling tired.				
7. Have periods of too much energy				
8. Have period when she or he talks too much or too loud or talks a mile-a-minute				
9. Have periods of racing thoughts that his or her mind cannot slow down, and it seems that your child's mouth cannot keep up with his or her mind				
10. Talk so fast that he or she jumps from topic to topic and is hard to understand				
11. Rush around doing things nonstop				
12. Have trouble staying on track and is easily drawn to what is happening around him or her				
13. Do many more things than usual, or is unusually productive or highly creative				
14. Behave in a sexually inappropriate way (e.g. talks dirty, exposing, playing with private parts, masturbating, making sex phone calls, humping on dogs, playing sex games, touches others sexually)				
15. Go talk to strangers inappropriately, is more socially outgoing than usual				
16. Do things that are unusual for him or her that are foolish or risky (e.g. jumping off heights, ordering CDs with your credit cards)				
17. Have rage attacks, intense and prolonged temper tantrums				
18. Crack jokes or pun more than usual, laugh loud, or act silly in a way that is out of the ordinary				
19. Experience rapid mood swings				
20. Have any suspicious or strange thoughts				
21. Hear voices that nobody else can hear				
22. See things that nobody else can see				

Please circle the setting(s) where these problems occur:

Home

School

Community

Please comment on when these problems began, and whether they are getting better or worse:

Cigarettes, drugs, or alcohol:

No Concerns _____

If you have no concerns about this topic for your child, please check the blank and skip to the next section.

Otherwise, please place an X along the [0----1----2----3] continuum indicating where your child falls.

	0	1	2	3
	Not at all true			Very true
1. Smokes cigarettes	0	1	2	3
2. Has friends who drink alcohol or use drugs	0	1	2	3
3. Has tried beer, wine, or liquors	0	1	2	3
4. Have found bottles or drug paraphernalia in child's room or car	0	1	2	3
5. Used marijuana or other drugs	0	1	2	3
6. Have found aerosols or White-out in child's room	0	1	2	3
7. Has tried sniffing glue, gasoline, other chemicals	0	1	2	3
8. Has invited friends into the home who used drugs or alcohol	0	1	2	3
9. Has used or given away alcohol belonging to parents	0	1	2	3
10. Steals money from family members	0	1	2	3
11. Has taken valuable items from the home to trade for money, alcohol, or drugs	0	1	2	3
12. Has relatives that have had problems with alcohol or drug use in the past	0	1	2	3

What are your family values about the use of tobacco or alcohol by teens and young adults?

Dangerous, destructive, or illegal behaviors

No Concerns _____

If the child consistently obeys rules and laws, is generally mindful of the rights of other people, and respects the property and privacy of others, please check the blank above and skip this section.

Is the child currently on probation or facing legal charges? Yes No
 If "Yes", please explain:

Has the child been arrested or faced charges in the past? Yes No
 If "Yes", please explain:

Please place an X along the [0----1----2----3] continuum indicating where your child falls.

These items apply to people outside of the family. If your child bullies or steals only inside the family, please note below.

	0	1	2	3
	Not at all true		Very true	
1. Bullies, threatens, or intimidates others	0	1	2	3
2. Starts physical fights	0	1	2	3
3. Used a weapon (club, knife, gun, or other)	0	1	2	3
4. Physically cruel to people	0	1	2	3
5. Physically cruel to animals	0	1	2	3
6. Stolen while confronting a victim (e.g. bullying, mugging, armed robbery)	0	1	2	3
7. Forced someone into sexual activity	0	1	2	3
8. Set a fire with intention to cause damage	0	1	2	3
9. Deliberately destroyed others' property (outside the family); vandalism	0	1	2	3
10. Broken into someone's locker, house, or car	0	1	2	3
11. Lies in a planned, callous way to get what s/he wants	0	1	2	3
12. Stolen items of value without confrontation (e.g. shoplifting)	0	1	2	3
13. Stays out late at night against home rules	0	1	2	3
14. Has stayed away from home overnight without permission	0	1	2	3
15. Skips school or is truant	0	1	2	3
16. Sometimes, I think my child has no moral conscience	0	1	2	3

Please comment on when these problems began, and whether they are getting better or worse:

Other:

Is there anything that we missed?

If we haven't asked about the types of problems that concern you about your child, please describe below:

Questionnaire fatigue-Congratulations! You Finished!

If you are the type of parent who is glad to reach the end of this questionnaire, please check this blank _____:)

We really appreciate your time and thoughtful attention in giving us this information!

Please bring the completed questionnaire to your child's next appointment

Or email to: info@bluestemcenter.com

***Caution:** email is not a secure means to transmit Personal Health Information

Or FAX: 507-282-0932

Or mail: Attention: Intake Coordinator
Bluestem Center
124 Elton Hills Lane NW
Rochester, MN 55901