

Child's Name: _____ Date: _____

Date of Birth: _____

Ages 11 – 12 years

Does your child have trouble paying attention? Yes No

Does your child often seem:

Distrustful of others? Yes No

To express strange thoughts?..... Yes No

Blame others? Yes No

Does your child have problems at school with:

Behavior?..... Yes No

Grades? Yes No

Skipping classes?..... Yes No

Do you have concerns about your child's:

Eating? Yes No

Sleep? Yes No

Weight? Yes No

Does your child often complain of "not feeling well"? Yes No

Does your child have trouble making or keeping friends? Yes No

Does your child often seem:

Sad? Yes No

Angry?..... Yes No

Nervous or afraid?..... Yes No

Does your child show any of these behaviors?

Destroy property? Yes No

Set fire? Yes No

Lie? Yes No

Steal? Yes No

Listen to music with violent message? Yes No

Hurt animal or smaller children? Yes No

Use alcohol? Yes No

Use drugs?..... Yes No

Smoke cigarettes? Yes No

Sexually active? Yes No

Is there a history of injuries, accidents? Yes No

If yes, please specify: _____

Is there any history of maltreatment or abuse? Yes No

If yes, please specify: _____

Is there a recent stress on the family or child such as:

Birth of a child Yes No

Moving Yes No

Divorce or separation Yes No

Death of a close relative Yes No

Fired or laid off Yes No

Legal problems Yes No

Others (Please specify): _____

Do you have other parenting concerns? Yes No

Please specify: _____

Over the last 12 months, have you run out of food before you had money to buy more, or worried that you would?..... Yes No