





# Parent Questionnaire



5. Siblings, ages, schools, any health/mental health problems

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6. Pregnancy, what age, planned/unplanned, previous pregnancies, how many, complications, outcomes of each pregnancies before. Pregnancy with the identified patient: medical problems (high blood pressure, toxicosis, spotting, edema, bed rest, etc), any medications/alcohol/ drugs in pregnancy; if so, how often, how much?

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7. Delivery: spontaneous, was baby full term, forceps, C-section, etc.

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8. Birth: Apgar score, any medical concerns, breathing, feeding/breast feeding, how soon released from the hospital, jaundice, light therapy, any inpatient admissions from birth to 1st month.

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# Parent Questionnaire



9. Early development: developmental milestones starting from birth up to 12 mos, any medical concerns, delays, allergies, medical conditions.

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10. Toddler: physical, emotional and cognitive development, day care, nursery school etc, any behavioral problems there.

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11. From 3 to 5 years: social experience, cognitive development, favorite pass time, favorite toys, including any preoccupations that you consider unusual.

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12. How does your child respond to the presence of strangers?.

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13. From 5 to 7 years: transition to school, social adaptive skills, academics, any problems? Please describe them if there are/were any.

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14. Middle school: grades, social skills, friends, favorite things to do, sport, relationship with parents and siblings.

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15. High school: describe transition from middle school to HS, any changes in academic performance, habits, social life, and possible drugs or alcohol.

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16. Does the child sleep well? YES / NO

17. Does he or she have nightmares? YES / NO

18. Does he or she wakes up cranky, in bad mood? YES / NO

19. Is it difficult to complete the morning routine? YES / NO

# Parent Questionnaire



20. Is it hard for child to separate from you? YES / NO.

*(If you answered YES, please describe any difficulties you have.)*

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21. Any problems on a school bus? YES / NO

22. Does your child have problems taking directions from parents or teachers? YES / NO

*(If you answered YES, please describe any difficulties you have.)*

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23. Has your child been recommended for any special academic program or requested a special meeting to discuss educational planning? YES / NO

*(If you answered YES, please describe any difficulties you have.)*

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24. Has your child received psychological or neuropsychological testing?

*(If you answered YES, please arrange for these reports to be forwarded to our office)*

25. Has your child school voiced any concerns about levels of attention and concentration? YES / NO

*(If you answered YES, please describe any difficulties you have.)*

26. Did your child have any traumatic experience or witnessed such, including physical/sexual violence (exposure)?

## Your child...

27. ...is unusually aggressive YES / NO

28. ...understands basic rules of social behavior YES / NO

29. ...looses temper quickly YES / NO

30. ...has difficulties complying with rules YES / NO

31. ...is able to take responsibility for his or her actions or does he/she blame them on others YES / NO

32. ...is excessively temperamental and does it express ( property destruction, slamming, throwing, swearing, pouting, sulking etc.) YES / NO

33. ...looses belongings excessively YES / NO

34. ...has problems waiting in lines YES / NO

35. ...talks out of turn YES / NO

36. ...has any history of difficulties with law, including fire-setting, stealing, shop-lifting etc. YES / NO

37. ...cannot take "no" for an answer YES / NO

38. ...is hyperactive and easily excitable YES / NO

39. ...has difficulties settling at night YES / NO

40. ...has drastically different level of energy and activity between mornings and nights YES / NO

41. ...has many ideas at once and talks about them in a rapid and disorganized way YES / NO

42. ...displays abrupt rapid mood swings YES / NO (if answered YES, please describe specifically)

43. ...has difficulties falling asleep YES / NO

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## Your child...

- 44. ...is easily distracted YES / NO
- 45. ...has difficulties with transitions YES / NO
- 46. ...avoids homework YES / NO
- 47. ...has poor organizational skills YES / NO
- 48. ...is excessively sensitive to tastes, smells, textures etc. YES / NO
- 49. ...does not have any sense of danger or fear, displays risky behavior YES / NO
- 50. ...is fidgety, has difficulties sitting still YES / NO
- 51. ...at times gets goofy or silly YES / NO
- 52. ...significantly overvalues his skills or talents YES / NO
- 53. ...becomes argumentative, does not know when to stop YES / NO
- 54. ...is preoccupied with violent games or fantasies YES / NO
- 55. ...makes threats of violence to self or others YES / NO
- 56. ...is engaged in self-destructive behaviors including cutting, scratching, burning (please describe any concerns about other self-destructive behavior)
- 57. ...shows age inappropriate sexual behavior YES / NO
- 58. ...often feels bored and does not know how to occupy his or her time YES / NO
- 59. ...is sensitive to criticism YES / NO
- 60. ...significantly undervalues his/her skills or talents YES / NO
- 61. ...feels excessively shy in social situations YES / NO
- 62. ...has decreased drive/energy YES / NO
- 63. ...feels easily ashamed, blames him/herself YES / NO
- 64. ...has an imaginary friend(describe) YES / NO
- 65. ...talks to an invisible person YES / NO
- 66. ...is excessively afraid of being kidnapped, or physically hurt by unknown enemies YES / NO
- 67. ...believes that he/she is controlled by supernatural forces YES / NO
- 68. ...is a picky eater YES / NO
- 69. ...has experienced a weight loss/gain of 20lb or more in a 2 month period YES / NO
- 70. ...eats inedible or unusual substances YES / NO
- 71. ...eats large amount of food in one sitting YES / NO
- 72. ...vomits after meals YES / NO
- 73. ...uses water pills or laxatives for weight control YES / NO
- 74. ...spends excessive amount of time in the bathroom YES / NO
- 75. ...has problems with bowel movement YES / NO

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