

**PARENT QUESTIONNAIRE**

(For the Parents of Children and Adolescents 3 to 18 Years of Age)

PARENTS: Please complete this form. Mark the answer under “rarely to never,” “sometimes” or “frequently” that best describes your child for each question. When marking the form, consider all parts of the child’s life (at home, at school, etc.) where the events below might occur. If an item does not apply, leave it blank. If you do not understand a term of question, make a mark next to it in the left margin and ask the interviewer for clarification.

ITEM RARELY TO NEVER SOMETIMES FREQUENTLY

|   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Hyperactivity at school   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lack of concentration   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Learning problems at school                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Behavior problems in school                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Impulsive (acts before he thinks)                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Impatient   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fantasizes (day dreaming)                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Likes school  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Listens to teacher(s)/school authorities                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shows age appropriate interest in future<br>school/jobs/careers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Truant/school runaway   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

---

|  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| Convulsions, seizures, “spells”        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Need for excessive security            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Need for affection                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Loss of appetite                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Excessive weight loss                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Excessive overweight                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Knows what is moral                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Feels good about self                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comfortable with own body              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Likes overall looks                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stuttering                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wets during the day (after age 3)      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Night time bed wetting (after age 3)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Soiling (after age 3)                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is good in sports                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Injury prone                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shyness                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tries to please everyone               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relationships are socially appropriate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ITEM

RARELY TO NEVER

SOMETIMES

FREQUENTLY

|                                    |                          |                          |                          |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| Physically fights with peers       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Withdrawn from peers/group         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Destroys toys/property of others   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is a poor loser                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shows off for peers                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Easily led by peers                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plays with other children          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shows appropriate peer affection   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plays alone (not even with adults) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Picked on by peers                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has many friends                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Participates in sports             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is a loner (few friends)           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

---

|   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Lies  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Excessive & uncontrolled verbal anger                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physically violent                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Steals  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cruel to animals                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cruel to children                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is/was in a gang                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Expresses anger by damaging the<br>property of others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Destroys own toys/possessions (if age 3-6)            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Destroys own toys/possessions (if age 7-18)           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disobeys  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Severe behavior difficulties (past or present)        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Expresses anger by destroying others' things          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has been in trouble with police                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Uses drugs or alcohol                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jealous of peers/siblings                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Temper tantrums                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unacceptable showing off                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual activity with others                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

---

ITEM

RARELY TO NEVER    SOMETIMES    FREQUENTLY

|   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Stomach aches                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nightmares                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sleeps too deep or problem waking up        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Anxiety (nervousness)                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has twitches (eyes, face, etc.)             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cries                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bites nails                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vomits                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Aches and pains                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chews odd/unusual things                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extreme mood swings                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Depressed mood or withdrawal                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Constipation                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diarrhea                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-imposed unnecessary, or excessive diet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sleep walking                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Phobias                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| General fears                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

---

|   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Curiosity about fire  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plays with matches/lighters                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plays with fire (singing, burning)                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was concerned when fire got out of control                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was proud or boastful regarding fireplay<br>or firestart      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stares at fire for long periods (fire fascination)            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unusual look on child's face when he/she<br>stares at fire(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Daydreams or talks about fires                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fear of fire  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other(s) in family set fire(s) (past or present)              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Set occupied structure on fire                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Appropriate reaction to fire(s) he/she set                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

---

ITEM RARELY TO NEVER SOMETIMES FREQUENTLY

|  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| Extensive absences by father                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extensive absences by mother                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family has moved   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Runs away from home  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has seen a counselor/therapist                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other family member has seen a counselor/<br>therapist         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Makes attempts at age appropriate independence<br>from parents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In trouble at home   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parent or sibling with serious health problems                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Marriage is unhappy  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mother's discipline is effective                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Father's discipline is effective                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fighting with siblings   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conflicts in family  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

---

|  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| Unusual fantasies                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Strange thought patterns                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bizarre, illogical, or irrational speech | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Out of touch with reality                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Strange quality about child              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Expresses anger by hurting self          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Destroys own property or what he likes   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was/is in a cult                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Severe depression or withdrawal          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Poor or no eye contact                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |