

PSYCHOSOCIAL HISTORY FOR CHILDREN

NAME: _____ AGE: _____ SEX: Male Female DATE: _____

Please check all the answers to the following questions that apply to your child.

A. What is your child's race?

- Asian
- African American
- Caucasian (white)
- Hispanic
- Native American
- Other (write on back)

B. Have you and your child ever been separated?

- No Yes
- If yes, for how long? _____
- If yes, why? (write on back)

C. Which of the following describe your child's character/personality?

- Outgoing Noisy
- Shy Funny
- Aggressive Bizarre
- Spiritual Other (write on back)
- Awkward
- Happy
- Friendly
- Emotional
- Nervous
- Rebellious
- Serious
- Stubborn
- Unhappy
- Calm
- Self-confident
- Mood swings

D. Which of the following describe the atmosphere in your home?

- Relaxing Chaotic
- Stressful Orderly
- Noisy Loving
- Busy Quiet
- Comfortable Other (write on back)

E. What is your method of training and discipline?

- Tangible rewards
- Intangible rewards: praise
- Corporal punishment
- Time out
- Yelling
- Coaching
- Modeling
- Inconsistent
- Consistent

F. Which of the following describe your child's behavior?

- Helpful Cruel to animals
- Responsible Fire-setting
- Irresponsible Violent
- Destructive Forgetful
- Obsessive Short attention span
- Compulsive Too friendly
- Lies Recognizes danger
- Steals Destructive
- Fearful Self-injurious
- Impulsive Sexualized behavior
- Drugs Defies rules
- Alcohol Conflicts in family
- Obedient Argumentative
- Other (write on back)

G. Which of the following describe your child?

- Hopeless
- Suicidal
- Goal oriented
- Motivated
- Denies problems
- Accepts help
- Other (write on back)

H. Which of the following describe your child's health?

- Allergies
- Accident prone
- Rarely sick
- Frequently sick
- Chronic illness
- Frequent somatic complaints
- Takes Rx medication
- Prenatal Complications
- Postnatal Complications
- Enuresis
- Encopresis
- Underweight
- Overweight
- Change in appetite
- Binges/purges food
- Refuses to eat
- Hides food
- Sleep disturbance/nightmares
- Other _____

I. How does your child perform in school?

- Attendance problems
- Works up to his/her potential
- Problems with reading
- Problems with math
- Completes homework
- Turns in homework
- Disruptive
- Conflicts with peers
- Conflicts with authority
- Extracurricular Activities
- Poor attention span
- Pattern of suspensions
- Held back

J. Which of the following describe your child cognitively?

- Hallucinations/delusions
- Not in touch with reality
- Excessive daydreaming
- Confused speech
- Incoherent
- Clear and coherent
- Other (write on back)

K. Which of the following has your child/family experienced in the last year?

- Death of a loved one
- New school
- New home
- Loss of pet
- Serious illness
- Legal problems
- Government involvement
- Divorce in family
- Other (write on back)

L. Has your child experienced any of the following?

- Physical abuse
- Sexual abuse
- Emotional abuse
- Emotional neglect
- Physical neglect
- Other (write on back)

M. Describe your child's social skills?

- Fits in with peers
- Seeks out younger children
- Seeks out older children
- Doesn't know a stranger
- Poor attachments
- Is well liked by peers
- Enjoyable to be around
- Acts inappropriately
- Makes friends easily
- Has gender confusion
- Other (write on back)

N. Describe your family's mental health history?

- Depression
- Learning disabilities
- Anxiety
- Mental retardation
- Other (write on back)

COMPLETED BY: _____

RELATIONSHIP TO CHILD: _____

DATE: _____