

# Integrative Medical Institute

This questionnaire is to help us understand your child and his/her life more fully. Your answers will enable us to give you greater help with the problems that brought you to us. We realize some things are hard to remember, and others are personal and even difficult to think or talk about. We will treat the information confidentially and none of it will be released to anyone unless you direct us to do so.

It is helpful for us to know how each parent sees the situation. Therefore, the questionnaire provides a place for both mother (or step-mother, etc.) and father (or step-father, etc.) to answer most questions. Notice that by most YES and NO questions there are two sets of answers. One designated M: YES NO is for the MOTHER to circle her answer, and the other, designated F: YES NO is for the FATHER to circle his answer. Both here and in the spaces requiring a written answer it is very helpful if you each use a different colored pencil or pen, and sign your name at the end in the same color. Since some questions are more factual there is only space for one answer provided and either of you can respond to those questions.

This questionnaire is meant to facilitate our services to you and your child. It is used as a tool, not as a final answer to anything. We will discuss this information with you during your interview, so you'll have a chance to explain further anything you wish to. You might want to check ( ) any items you especially want to discuss. Use extra paper if more space is needed for any questions. Thank you for your help.

Child's \_\_\_\_\_ Birth date \_\_\_\_\_  
          First name           Last name

Height \_\_\_\_\_ Weight \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_ Teacher's Name \_\_\_\_\_

I. Mother's Health During Pregnancy

1. Was mother in good physical condition during pregnancy? YES NO

If not, what were the difficulties?

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Remember M= Mother  
F= Father

I. Mother's Health During Pregnancy (continued)

2. Were there any problems that made her moody or nervous? M: YES NO  
F: YES NO

If YES, please explain

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3. Did the mother use tobacco, alcohol, caffeine, or any other drugs or prescribed medications during the pregnancy?

YES NO

If YES, please describe

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II. Birth of the Child

1. Was the child full term? YES NO

If not, how early? \_\_\_\_\_ How late? \_\_\_\_\_

2. Weight at birth: \_\_\_\_\_ pounds, \_\_\_\_\_ ounces.

3. Please describe any difficulties with the birth

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III. Infancy (up to 12 months)

1. Was the child breast-fed? YES NO

2. Most of the time, what mood did the baby seem to show?  
CIRCLE ONE:

Happy & Smiling      "Cuddly"      Quiet      Fussy      "Cold"

III. Infancy (up to 12 months) (continued)

3. Did anyone assist the mother in caring for the baby? YES NO

If YES, who? \_\_\_\_\_ Relationship \_\_\_\_\_

4. Were there times when the child was often constipated, "colicky", or had diarrhea?

YES NO

5. Did the baby sleep alone in a room? YES NO

If NO, with whom did the child share? \_\_\_\_\_

For how long? \_\_\_\_\_

6. Were there any particular problems or worries in infancy you feel we should know about?

M: YES NO

F: YES NO

If YES, describe

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IV. Pre-School Development and Behavior

1. About how old was the child when he was able to walk alone \_\_\_\_\_

Talk in simple sentences \_\_\_\_\_

2. Were there any speech difficulties? M: YES NO

F: YES NO

3. At what age was toilet training started? \_\_\_\_\_

At what age did the child begin staying:

Dry during the daytime \_\_\_\_\_

Dry during the night \_\_\_\_\_

Clean during the daytime \_\_\_\_\_

Clean during the night \_\_\_\_\_

4. During this period did the child have any habits which caused you concern?  
(such as thumb sucking, nail biting, etc.) M: YES NO

F: YES NO

If YES, explain (give ages)

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IV. Pre-School Development and Behavior (continued)

5. Did the child show any disturbing behavior such as angry outbursts, temper tantrums, withdrawals, return to more babyish habits, etc.?

M: YES NO  
F: YES NO

If YES, explain \_\_\_\_\_

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6. Did the child have any serious fears or frightening experiences?

M: YES NO  
F: YES NO

If YES, explain \_\_\_\_\_

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V. School Experience (Answer as much as pertains to your child)

1. Did the child attend any kind of pre-school?

M: YES NO  
F: YES NO

If YES, indicate: age begun \_\_\_\_\_

Child's reactions \_\_\_\_\_

Parent's reactions

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2. Did the child have difficulty adjusting to regular school?

M: YES NO  
F: YES NO

3. Has the child frequently been reluctant to attend school?

M: YES NO  
F: YES NO

4. Has the child ever had to repeat a grade?

M: YES NO  
F: YES NO

If YES, which one (s) \_\_\_\_\_

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5. Has the school ever reported problems of acting up or disrupting class?

M: YES NO  
F: YES NO

If YES, during which grades \_\_\_\_\_

V. School Experiences (continued)

6. Has the school ever reported that the child is too shy or withdrawn? M: YES NO  
F: YES NO

If YES, during which grades \_\_\_\_\_

7. Has the child seemed to like school? M: YES NO  
F: YES NO

If NO, during which grades \_\_\_\_\_

8. Has the child been achieving about as well as you feel he or she should?  
M: YES NO  
F: YES NO

Indicate the child's typical grades by checking a line in the left –

Actual	_____ Well above average _____	Parents' Expectations
Typical	_____ Somewhat above average _____	
Grades	_____ Average _____	
	_____ Somewhat below average _____	
	_____ Well below average _____	

Now indicate what grades you feel the child should achieve by checking a line on the right.

9. Does the child participate in suitable extra-curricular school activities?  
M: YES NO  
F: YES NO

If YES, please describe

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10. Has the child ever been evaluated for school or learning problems?  
M: YES NO  
F: YES NO

If YES, please describe who did the evaluation, the reason, and the results

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11. Has he or she ever been assigned to special classes?  
M: YES NO  
F: YES NO

If YES, describe (include ages)

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VI. Social Development

1. Please describe the child's relationship to other children

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2. Please describe the child's relationships within the family

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3. Are there any particular concerns in the family about: food \_\_\_\_ smoking \_\_\_\_  
Drinking \_\_\_\_ drugs \_\_\_\_ religion \_\_\_\_ or other issues?

If so, please describe

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4. Are there any family or neighborhood difficulties, which might be important for us  
to know in order to understand the present problem with the child?

M: YES NO

F: YES NO

If YES, explain

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5. Has the child ever been in trouble with any lay enforcement agency or had similar  
problems?

M: YES NO

F: YES NO

If YES, explain

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VI. Social Development (continued)

6. Did the child ever lose any person with whom he or she seemed to be close?

M: YES NO

F: YES NO

If YES, what was the relationship with that person?

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7. Does the child engage in suitable activities outside school time?

M: YES NO

F: YES NO

If NO, describe how the time is spent

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8. Does the child have a pet?

YES NO

9. Does the child have assigned responsibilities around the house?

M: YES NO

F: YES NO

10. Does the child complete these responsibilities regularly?

M: YES NO

F: YES NO

11. What form(s) of discipline do the parents use with the child?

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12. Does this approach achieve the desired results?

M: YES NO

F: YES NO

13. Do the parents agree on the way child is discipline?

M: YES NO

F: YES NO

14. Does one parent have the main role of disciplinarian?

M: YES NO  
F: YES NO

If YES, who \_\_\_\_\_

VII. Medical History

1. List all serious illnesses or accidents and any operations the child has had:

<u>Illness, Accident or Operation</u>	<u>Age</u>	<u>Hospital?</u> <u>(Y/N)</u>	<u>Length of time in</u> <u>hospital</u>

2. Has the child had any difficulties in growth or coordination such as frequent falling, awkwardness, difficulty riding a bicycle, etc.?  
M: YES NO  
F: YES NO

3. Has the child ever been evaluated or treated by a psychologist, psychiatrist, or other counselor before?  
M: YES NO  
F: YES NO

If YES, list the names, addresses, and dates (as much as you can):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. List any diagnoses or terms that have ever been used to describe your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Is the child under medical care at present?  
M: YES NO  
F: YES NO

If YES, describe condition for which the child is being treated

\_\_\_\_\_  
\_\_\_\_\_



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VII. Medical History (continued)

6. Is child taking any medicine regularly?

M: YES NO

F: YES NO

If YES, describe

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7. Are you currently concerned that the child might have an undetected or untreated medical problem?

M: YES NO

F: YES NO

If YES, describe

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VIII. Family Information

1. Please describe a typical day in your home.

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VIII. Family Information (continued)

2. Please list all members of the child's immediate family and provide the information indicated:

Name	Age	Relation to child	Education Level	Address If not child's	How person gets along with child

(please add anyone else living in the child's home):


3. Is the child much more strongly attached to one parent than the other?

M: YES NO

F: YES NO

If YES, who? \_\_\_\_\_

4. If the child was adopted, give the age the child came into the home \_\_\_\_\_  
and approximate date of legal adoption \_\_\_\_\_

Does the child know he or she was adopted? \_\_\_\_\_

When did the child learn about it? \_\_\_\_\_

5. If the child's parents are not living together, please complete the following:

a. How old was the child at separation? \_\_\_\_\_

b. Are parents divorced?

YES NO

c. Has the father remarried?

YES NO

When? \_\_\_\_\_

d. Has the mother remarried?

YES NO

When? \_\_\_\_\_

e. Whom does the child live with?

Father \_\_\_\_\_ Mother \_\_\_\_\_ Neither \_\_\_\_\_

g. How often does the child see the parent(s) he or she doesn't live with?

\_\_\_\_\_

VIII. Family Information (continued)

h. If the child lives with one stepparent, describe their adjustment to each other and their current relationship

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6. Does the father have employment outside the home? YES NO

If YES, what is his occupation (be specific)

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7. Does the mother have employment outside the home? YES NO

If YES, what is her occupation (be specific)

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8. If the child hasn't always lived in the same house, please list the moves:

CITY	AGE MOVED AWAY

In order for us to understand your child fully we much know about you and your way or parenting. We feel that understanding how you parent your child requires knowing how you yourselves were parented. The next sections, one to be completed by the mother and one by the father, are to help us learn about this.

IX. Mother's Background: to be completed by mother  
(step-mother, etc.) alone.

1. How many children were in your family? \_\_\_\_\_ boys \_\_\_\_\_ girls
2. How many of these were older than you? \_\_\_\_\_ boys \_\_\_\_\_ girls
3. Were you raised by both your parents? YES NO

If NO, please describe who raised you, and for what periods of time

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4. Check one of the following which best describes your relationship with the Woman who raised you mostly (mother, step-mother, etc.)  
Indicate who you're rating \_\_\_\_\_  
\_\_\_\_\_ Always close and warm.  
\_\_\_\_\_ Usually close and warm.  
\_\_\_\_\_ Sometimes close and warm, sometimes distant and cold.  
\_\_\_\_\_ Rarely close and warm, often distant and cold.  
\_\_\_\_\_ Usually distant and cold.  
\_\_\_\_\_ Always distant and cold.
5. Check one of the following which best describes your relationship with the man who raised you mostly (father, step-father, etc.)  
Indicate who you're rating \_\_\_\_\_  
\_\_\_\_\_ Always close and warm.  
\_\_\_\_\_ Usually close and warm.  
\_\_\_\_\_ Sometimes close and warm, sometimes distant and cold.  
\_\_\_\_\_ Rarely close and warm, often distant and cold.  
\_\_\_\_\_ Usually distant and cold.  
\_\_\_\_\_ Always distant and cold.

6. Have you ever-sought psychiatric or psychological help for yourself? YES NO

If YES, please describe

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IX. Mother's Background (continued)

7. Have any other member of your family had psychiatric or physiologic help? YES NO

If YES, please describe

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8. Please describe any medical problems or concerns you have

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9. Have you (or has anyone close to you) ever thought that alcohol or drugs have caused problems for your family? YES NO

If YES, please describe

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10. Have you ever had a problem similar to your child's current problem? YES NO

If YES, please describe

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IX. Mother's Background (continued)

11. How did your parents discipline you? Which did it mostly?

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12. How do you feel your parents' approach to raising you had influenced your approach with your child?

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13. Do you maintain important ties with your family now? YES NO

14. Did your parents have financial problems? YES NO

15. Do you feel you and your family have financial problems? YES NO

16. Please evaluate briefly your strengths and any weaknesses you feel you have as a parent.

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17. Please describe briefly your view of your husband's strengths and weaknesses as a parent.

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18. Do you feel you have any marital problems that might contribute to your child's problems? YES NO

If YES, please describe

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XI. Mother's Background (continued)

19. How do you see your role in resolving the problems that bring you to our clinic?

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X. Father's Background: to be completed by father  
(step-father, etc.) alone

1. How many children were in your family? \_\_\_\_\_ boys \_\_\_\_\_ girls

2. How many of these were older than you? \_\_\_\_\_ boys \_\_\_\_\_ girls

3. Were you raised by both your parents? YES NO

If NO, please describe who raised you, and for what periods of time

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4. Check one of the following which best describes your relationship with the woman who raised you mostly (mother, step-mother, etc.)

Indicate who you're rating \_\_\_\_\_

- \_\_\_\_\_ Always close and warm.
- \_\_\_\_\_ Usually close and warm.
- \_\_\_\_\_ Sometimes close and warm, sometimes distant and cold.
- \_\_\_\_\_ Rarely close and warm, often distant and cold.
- \_\_\_\_\_ Usually distant and cold.
- \_\_\_\_\_ Always distant and cold.

5. Check one of the following which best describes your relationship with the man raised you mostly (father, step-father, etc.)

Indicate who you're rating \_\_\_\_\_

- \_\_\_\_\_ Always close and warm.
- \_\_\_\_\_ Usually close and warm.
- \_\_\_\_\_ Sometimes close and warm, sometimes distant and cold.
- \_\_\_\_\_ Rarely close and warm, often distant and cold.
- \_\_\_\_\_ Usually distant and cold.
- \_\_\_\_\_ Always distant and cold.

X. Father's Background (continued)

6. Have you ever-sought psychiatric or psychological help for yourself? YES NO

If YES, please describe

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7. Have any other members of your family had psychiatric or psychological help? YES NO

If YES, please describe

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8. Please describe any medical problems or concerns you have

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9. Have you (or has anyone close to you) ever thought that alcohol or drugs have caused problems for your family? YES NO

If YES, please describe

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10. Have you ever had a problem similar to your child's current problem? YES NO

If YES, please describe

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X. Father's Background (continued)

11. How did your parents discipline you? Which did it mostly?

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12. How do you feel your parents' approach to raising you has influenced your approach with your children?

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13. Do you maintain important ties with your family now? YES NO

14. Did your parents have financial problems? YES NO

15. Do you feel you and your family have financial problems? YES NO

16. Please evaluate briefly your strengths and any weaknesses you feel you have as a parent.

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17. Please describe briefly your view of your wife's strengths and weaknesses as a parent.

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18. Do you feel you have any marital problems that might contribute to your child's problems? YES NO

If YES, please describe

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X. Father's Background (continued)

19. How do you see your role in resolving the problems that bring you to our clinic?

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XI. The Current Problem

1. Does the child have interpersonal problems with children his or her own age?  
M: YES NO  
F: YES NO

If YES, explain

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2. Does the child have interpersonal problems with adults?  
M: YES NO  
F: YES NO

If YES, explain

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3. Does the child have school problems that concern you currently?  
M: YES NO  
F: YES NO

If YES, please describe

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4. Is the child usually happy?  
M: YES NO  
F: YES NO

5. Is the child overly anxious or fearful?  
M: YES NO  
F: YES NO

XI. The Current Problem (continued)

6. In your own words, briefly describe the problem that brings you here.

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7. What have you tried to do to solve the problem?

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8. How do you feel we can help with this?

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9. How does the child feel about coming to this clinic?

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10. Please add any comments you feel might be helpful.

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Names of persons completing this questionnaire.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Relationship to the child

\_\_\_\_\_  
Relationship to the child

DATE \_\_\_\_\_

Thank you very much for what we know is a big job in completing this questionnaire. Its completion represents an important first step in obtaining the services you are requesting!