SWANSON PSYCHOLOGY, INC.

A Psychological Corporation

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CHILD AND ADOLESCENT INTAKE QUESTIONNAIRE

Confidential: Please complete all sections as thoroughly as possible

Today's Date:_____ Completed by (name and relationship to child):_____

BACKGROUND INFORMATION

Child's Name:_____

Child's Date of Birth:_____ Chronological Age:_____

School:_____ Grade:_____

Parent / Guardian 1

Name:_____ Home Phone:_____

Address:_____

Occupation:_____ Work Phone:_____

Marital Status: Single ___ Married ___ Partnered ___ Divorced ___ Remarried ___ Widowed ___

Parent / Guardian 2

Name:_____ Home Phone:_____

Address:_____

Occupation:_____ Work Phone:_____

Marital Status: Single ___ Married ___ Partnered ___ Divorced ___ Remarried ___ Widowed ___

REFERRAL INFORMATION

Referred by:_____

Describe the reasons you are requesting this evaluation or therapy for your child. If possible, list specific questions for which answers are sought:

_____

_____

_____

_____

Language spoken in the home, if not English:_____

HOUSEHOLD MEMBERS

Please list all people currently living in the household. Draw a line and then list others who have previously lived with the child, noting dates.

#	Name	Relation to Child	Age	With Child Now?	Occupation
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____

Please note any of the following if applicable: adopted children in the household (with dates); previous marriages, divorces, or remarriages of parents; custody arrangements; deaths in the immediate family; or any other relevant family circumstances.

_____

_____

_____

_____

CHILD'S PEDIATRICIAN

Pediatrician's Name:_____

Office Address:_____

Telephone:_____ Fax:_____

Permission to contact pediatrician? Yes ___ No ___ (If yes, please initial: _____)

PREGNANCY AND BIRTH HISTORY

Describe any complications that occurred during pregnancy:

_____

_____

_____

_____

Describe any complications that occurred during delivery (e.g., prematurity, postmaturity, length of labor, special procedures, etc.):

_____

_____

_____

_____

Birth Length:_____ Birth Weight:_____

How long after birth did you take your baby home:_____

EARLY TEMPERAMENT

Describe your child's temperament during the first six months (i.e., sleep patterns, colic, eating patterns):

_____

_____

_____

_____

_____

DEVELOPMENTAL HISTORY

Please note the approximate ages at which the following milestones were reached:

Milestone	**Age**	**Milestone**	**Age**
Sit unsupported	_____	Urine daytime (toileted)	_____
Walking alone	_____	Urine nighttime (toileted)	_____
Use single words	_____	Bowel daytime (toileted)	_____
Use 2–3 word phrases	_____	Bowel nighttime (toileted)	_____

Hand preference: Right ___ Left ___ Mixed ___ Approximate age established: _____

MEDICAL HISTORY

Please list any significant illnesses, operations, and injuries. Note any history of frequent ear infections, ruptured eardrums, or ear tubes. Pay particular attention to any head injuries, loss of consciousness, convulsions, or very high fevers, and include the approximate age and severity of each.

_____

_____

_____

_____

_____

Please indicate whether anyone in your immediate family, or anyone biologically related to your child, currently has or has previously had any of the following conditions:

Condition	**Yes / No**	**If yes, who?**
Nervous tics	Yes ___ No ___	_____
Seizures (epilepsy)	Yes ___ No ___	_____
Depression	Yes ___ No ___	_____
Bipolar Disorder	Yes ___ No ___	_____
Thyroid problems	Yes ___ No ___	_____
Emotional problems	Yes ___ No ___	_____
Attention Deficit Hyperactivity Disorder (ADHD)	Yes ___ No ___	_____
Learning problems	Yes ___ No ___	_____
Language problems	Yes ___ No ___	_____
Intellectual disability	Yes ___ No ___	_____
Left-handedness	Yes ___ No ___	_____
Similar problems as child	Yes ___ No ___	_____

Does any disease run in the family? Yes ___ No ___

If yes, please describe:_____

MEDICATIONS

Please list any medications your child is currently taking, including the prescribing physician, dosage, and reason for taking it:

Medication	**Dose (mg/ml)**	**Frequency / Time**	**Reason(s)**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any medications your child has taken in the past for more than one month, including the prescribing physician, dosage, and reason for stopping:

Medication	**Dose (mg/ml)**	**Prescribing Physician**	**Reason(s) for Stopping**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VISION AND HEARING

Has your child's vision been examined? Yes ___ No ___

If so, by whom:_____

Date of last examination:_____

Results:_____

Has your child's hearing been examined? Yes ___ No ___

If so, by whom:_____

Date of last examination:_____

Results:_____

OTHER SPECIAL MEDICAL TESTS

Please list any other special medical tests (e.g., EEG, CAT scan, MRI):

Name of Test	**Date**	**Results**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PREVIOUS PSYCHOLOGICAL, PSYCHIATRIC, OR NEUROLOGICAL EVALUATIONS

Please list any previous evaluations, including names, addresses, and dates of contact. Please also attach any pertinent reports.

Date	Name of Assessor	Phone	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SOCIAL, EMOTIONAL, AND BEHAVIORAL HISTORY

Please list your child's personality characteristics, both positive and negative:

_____

_____

_____

_____

Please note any specific behavioral concerns (e.g., eating habits, sleeping patterns, level of activity, sibling relationships, peer relationships, moodiness, difficulties paying attention, destructiveness, unusual habits, fears, tenseness, etc.):

_____

_____

_____

_____

Describe your current discipline techniques:

_____

_____

_____

Who disciplines:_____

Do the parents agree on how to discipline? Yes ___ No ___

If no, please explain:

_____

_____

_____

Describe how your child responds to discipline:

_____

_____

_____

_____

SCHOOL HISTORY

Please list previous schools attended (including nursery school and preschool), with dates or years of attendance:

School Name	**Grades / Dates Attended**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list current teachers and subjects taught. Please bring copies of prior report cards to the first appointment.

Teacher's Name	**Subject Taught**	**Current Grade**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Permission to contact teachers and school personnel? Yes ___ No ___ (If yes, please initial: _____)

Describe any learning, behavioral, or social difficulties at school:

_____

_____

_____

_____

Has your child received any special services in school (e.g., resource room, tutors, remedial reading, speech therapy)?

Date Placed:_____ How often:_____

Has your child received any special services privately? Yes ___ No ___

#	Provider Name	Phone	Type of Service	Date Begun
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Describe each service: how often seen, length of time, and effectiveness:

1. _____
2. _____
3. _____
4. _____

Has your child ever repeated a grade? Yes ___ No ___

If yes, when:_____ What was the problem:_____

_____

_____

_____

ADDITIONAL COMMENTS

I very much appreciate the time and energy you have spent completing this questionnaire. Please add any additional comments below or on a separate sheet as needed. When you come for your first appointment, please bring copies of any reports or report cards previously received; the more you can bring, the better. Please also bring copies of any prior standardized achievement testing the school may have done.

_____

_____

_____

_____

_____

_____

Two Parent/Guardian Checklists follow on the next pages. Please have each parent or guardian complete a separate checklist independently before the first appointment. It is expected, and encouraged, that responses may differ between raters. Two independent perspectives on your child's behavior are more informative than one.

PARENT/GUARDIAN CHECKLIST #1

To be completed independently by a parent or guardian

Child's Name:_____ Date Completed:_____

Instruction: Please answer Yes only if the behavior is considerably more frequent than that of most children the same age as your child and has persisted for at least six (6) months.

Section A: Attention

Yes	No	
___	___	1. Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
___	___	2. Often has difficulty sustaining attention in tasks or play activities.
___	___	3. Often does not seem to listen when spoken to directly.
___	___	4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
___	___	5. Often has difficulty organizing tasks and activities.
___	___	6. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework).
___	___	7. Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools).
___	___	8. Is often easily distracted by extraneous stimuli (sights or sounds or objects unrelated to the task at hand).
___	___	9. Is often forgetful in daily activities.
___	___	10. Some of the behaviors listed under Section A have been present before age 7.
___	___	11. The behaviors listed under Section A cause problems at home, school, and/or elsewhere.

Section B: Hyperactivity / Impulsivity

Yes	No	
___	___	1. Often fidgets with hands or feet or squirms in seat.
___	___	2. Often leaves seat in classroom or in other situations in which remaining seated is expected.
___	___	3. Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness).
___	___	4. Often has difficulty playing or engaging in leisure activities quietly.
___	___	5. Is often "on the go" or often acts as if "driven by a motor."
___	___	6. Often talks excessively.
___	___	7. Often blurts out answers before questions have been completed.
___	___	8. Often has difficulty waiting for turns.
___	___	9. Often interrupts or intrudes on others (e.g., butts into conversations or games).
___	___	10. Some of the behaviors listed under Section B have been present before age 7.
___	___	11. The behaviors listed under Section B cause problems at home, school, and/or elsewhere.

Section C: Conduct

Aggression Toward People and Animals

Yes	No	
___	___	1. Often bullies, threatens, or intimidates others.
___	___	2. Often initiates physical fights.
___	___	3. Has used a weapon that can cause serious physical harm to others (e.g., brick, broken bottle, knife, gun).
___	___	4. Has been physically cruel to people.
___	___	5. Has been physically cruel to animals.
___	___	6. Has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery).
___	___	7. Has forced someone into sexual activity.

Destruction of Property

Yes	No	
___	___	8. Has deliberately engaged in fire setting with the intention of causing serious damage.
___	___	9. Has deliberately destroyed others' property (other than by fire setting).

Deceitfulness or Theft

Yes	No	
___	___	10. Has broken into someone else's house, building, or car.
___	___	11. Often lies to obtain goods or favors or to avoid obligations (i.e., "con" others).
___	___	12. Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery).

Serious Violations of Rules

Yes	No	
___	___	13. Often stays out at night despite parental prohibitions, beginning before age 13.
___	___	14. Has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period).
___	___	15. Is often truant from school, beginning before age 13 (for older person, absent from work).

Section D: Oppositional Behavior

Yes	No	
___	___	1. Often loses temper.
___	___	2. Often argues with adults.
___	___	3. Often actively defies or refuses adult requests or rules (e.g., refuses to do chores at home).
___	___	4. Often deliberately does things that annoy other people (e.g., grabs other children's hats).
___	___	5. Often blames others for his or her own mistakes or misbehavior.
___	___	6. Is often touchy or easily annoyed by others.
___	___	7. Is often angry and resentful.
___	___	8. Is often spiteful or vindictive.

Section E: Depression

Instruction: Please answer Yes only if the response is not due to a general medical condition.

Yes	No	
___	___	1. Seems to experience a depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., "I feel sad or empty") or observation made by others (e.g., appears tearful). Note: In children and adolescents, this can include irritable mood.
___	___	2. Appears to have experienced a markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others).
___	___	3. Has experienced a significant weight loss not related to dieting, or a significant weight gain (e.g., a change of more than 5% of body weight in a month), or a decrease or increase in appetite nearly every day.
___	___	4. Has been sleeping too much or too little nearly every day.
___	___	5. Has displayed an increase or decrease in motor activity nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
___	___	6. Has experienced fatigue or loss of energy nearly every day.
___	___	7. Has experienced feelings of worthlessness or excessive or inappropriate guilt nearly every day (not merely self-reproach or guilt about being sick).
___	___	8. Has experienced a diminished ability to think or concentrate, or seems more indecisive, nearly every day (either by subjective account or as observed by others).
___	___	9. Has experienced recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.
___	___	10. The symptoms listed in Section E cause significant distress or impairment in social, academic, occupational, or other important areas of functioning.
___	___	11. To the best of your knowledge, are the symptoms listed in Section E related to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism)?
___	___	12. To the best of your knowledge, are the symptoms listed in Section E related to bereavement (i.e., after the loss of a loved one)?
___	___	13. Have the symptoms listed in Section E persisted for longer than 2 months?
___	___	14. Does your child have a preoccupation with suicidal ideation?

If yes to item 11 or 12, please explain:

_____

_____

_____

Section F: Anxiety

Yes	No	
___	___	1. Has experienced excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
___	___	2. Has difficulty controlling the worry.

___ ___ 3. Feels restlessness or feels keyed up or on edge.

___ ___ 4. Is easily fatigued.

___ ___ 5. Experiences difficulty concentrating or mind going blank.

___ ___ 6. Is often irritable.

___ ___ 7. Reports muscle tension.

___ ___ 8. Has experienced a disturbance in sleep (e.g., difficulty falling or staying asleep, or restless unsatisfying sleep).

___ ___ 9. Experiences panic attacks.

___ ___ 10. Has unusual obsessive rituals, interests, or thoughts.

___ ___ 11. Has multiple physical complaints.

___ ___ 12. Has intense fears.

___ ___ 13. Avoids public places.

___ ___ 14. Is afraid to separate from parents or primary caregivers.

___ ___ 15. Has experienced a major or traumatic life event.

___ ___ 16. The symptoms listed in Section F cause significant distress or impairment in social, academic, occupational, or other important areas of functioning.

___ ___ 17. To the best of your knowledge, are the symptoms listed in Section F related to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism)?

If yes to item 12, please describe the fear(s):

_____

_____

If yes to item 15, please describe the event:

_____

_____

If yes to item 17, please explain:

_____

_____

PARENT/GUARDIAN CHECKLIST #2

To be completed independently by a parent or guardian

Child's Name:_____ Date Completed:_____

Instruction: Please answer Yes only if the behavior is considerably more frequent than that of most children the same age as your child and has persisted for at least six (6) months.

Section A: Attention

Yes	No	
___	___	1. Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
___	___	2. Often has difficulty sustaining attention in tasks or play activities.
___	___	3. Often does not seem to listen when spoken to directly.
___	___	4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
___	___	5. Often has difficulty organizing tasks and activities.
___	___	6. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework).
___	___	7. Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools).
___	___	8. Is often easily distracted by extraneous stimuli (sights or sounds or objects unrelated to the task at hand).
___	___	9. Is often forgetful in daily activities.
___	___	10. Some of the behaviors listed under Section A have been present before age 7.
___	___	11. The behaviors listed under Section A cause problems at home, school, and/or elsewhere.

Section B: Hyperactivity / Impulsivity

Yes	No	
___	___	1. Often fidgets with hands or feet or squirms in seat.
___	___	2. Often leaves seat in classroom or in other situations in which remaining seated is expected.
___	___	3. Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness).
___	___	4. Often has difficulty playing or engaging in leisure activities quietly.
___	___	5. Is often "on the go" or often acts as if "driven by a motor."
___	___	6. Often talks excessively.
___	___	7. Often blurts out answers before questions have been completed.
___	___	8. Often has difficulty waiting for turns.
___	___	9. Often interrupts or intrudes on others (e.g., butts into conversations or games).
___	___	10. Some of the behaviors listed under Section B have been present before age 7.
___	___	11. The behaviors listed under Section B cause problems at home, school, and/or elsewhere.

Section C: Conduct

Aggression Toward People and Animals

Yes	No	
___	___	1. Often bullies, threatens, or intimidates others.
___	___	2. Often initiates physical fights.
___	___	3. Has used a weapon that can cause serious physical harm to others (e.g., brick, broken bottle, knife, gun).
___	___	4. Has been physically cruel to people.
___	___	5. Has been physically cruel to animals.
___	___	6. Has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery).
___	___	7. Has forced someone into sexual activity.

Destruction of Property

Yes	No	
___	___	8. Has deliberately engaged in fire setting with the intention of causing serious damage.
___	___	9. Has deliberately destroyed others' property (other than by fire setting).

Deceitfulness or Theft

Yes	No	
___	___	10. Has broken into someone else's house, building, or car.
___	___	11. Often lies to obtain goods or favors or to avoid obligations (i.e., "con" others).
___	___	12. Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery).

Serious Violations of Rules

Yes	No	
___	___	13. Often stays out at night despite parental prohibitions, beginning before age 13.
___	___	14. Has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period).
___	___	15. Is often truant from school, beginning before age 13 (for older person, absent from work).

Section D: Oppositional Behavior

Yes	No	
___	___	1. Often loses temper.
___	___	2. Often argues with adults.
___	___	3. Often actively defies or refuses adult requests or rules (e.g., refuses to do chores at home).
___	___	4. Often deliberately does things that annoy other people (e.g., grabs other children's hats).
___	___	5. Often blames others for his or her own mistakes or misbehavior.
___	___	6. Is often touchy or easily annoyed by others.
___	___	7. Is often angry and resentful.
___	___	8. Is often spiteful or vindictive.

Section E: Depression

Instruction: Please answer Yes only if the response is not due to a general medical condition.

Yes	No	
___	___	1. Seems to experience a depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., "I feel sad or empty") or observation made by others (e.g., appears tearful). Note: In children and adolescents, this can include irritable mood.
___	___	2. Appears to have experienced a markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others).
___	___	3. Has experienced a significant weight loss not related to dieting, or a significant weight gain (e.g., a change of more than 5% of body weight in a month), or a decrease or increase in appetite nearly every day.
___	___	4. Has been sleeping too much or too little nearly every day.
___	___	5. Has displayed an increase or decrease in motor activity nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
___	___	6. Has experienced fatigue or loss of energy nearly every day.
___	___	7. Has experienced feelings of worthlessness or excessive or inappropriate guilt nearly every day (not merely self-reproach or guilt about being sick).
___	___	8. Has experienced a diminished ability to think or concentrate, or seems more indecisive, nearly every day (either by subjective account or as observed by others).
___	___	9. Has experienced recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.
___	___	10. The symptoms listed in Section E cause significant distress or impairment in social, academic, occupational, or other important areas of functioning.
___	___	11. To the best of your knowledge, are the symptoms listed in Section E related to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism)?
___	___	12. To the best of your knowledge, are the symptoms listed in Section E related to bereavement (i.e., after the loss of a loved one)?
___	___	13. Have the symptoms listed in Section E persisted for longer than 2 months?
___	___	14. Does your child have a preoccupation with suicidal ideation?

If yes to item 11 or 12, please explain:

_____

_____

_____

Section F: Anxiety

Yes	No	
___	___	1. Has experienced excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
___	___	2. Has difficulty controlling the worry.

___ ___ 3. Feels restlessness or feels keyed up or on edge.

___ ___ 4. Is easily fatigued.

___ ___ 5. Experiences difficulty concentrating or mind going blank.

___ ___ 6. Is often irritable.

___ ___ 7. Reports muscle tension.

___ ___ 8. Has experienced a disturbance in sleep (e.g., difficulty falling or staying asleep, or restless unsatisfying sleep).

___ ___ 9. Experiences panic attacks.

___ ___ 10. Has unusual obsessive rituals, interests, or thoughts.

___ ___ 11. Has multiple physical complaints.

___ ___ 12. Has intense fears.

___ ___ 13. Avoids public places.

___ ___ 14. Is afraid to separate from parents or primary caregivers.

___ ___ 15. Has experienced a major or traumatic life event.

___ ___ 16. The symptoms listed in Section F cause significant distress or impairment in social, academic, occupational, or other important areas of functioning.

___ ___ 17. To the best of your knowledge, are the symptoms listed in Section F related to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism)?

If yes to item 12, please describe the fear(s):

_____

_____

If yes to item 15, please describe the event:

_____

_____

If yes to item 17, please explain:

_____

_____