



Time	5	CID				
Mom/Other	<input type="radio"/>	Dad/Other	<input type="radio"/>			

## FOLLOW-UP QUESTIONNAIRE HOME - CHILD ADJUSTMENT

Child's Age in Years

1. Major concerns  yes  no

Severity of concerns  1  2  3  4  5  6  7  
no concerns moderate severe

2. What kinds of problems?

- sibling social relations
- aggression
- complying to parent directions
- Asperger's or Autism
- hyperactivity and impulsivity
- medical
- attention span
- Other

4. Problems began <sup>Date</sup>   /   /

6. Currently in therapy for child's problem?

- yes  no
- individual child therapy
- group child therapy (outside school)
- parenting counseling
- family therapy
- other \_\_\_\_\_

- Type of therapist:
- psychologist
  - social worker
  - counselor
  - psychiatrist
  - other

7. Further therapy for child since completing parenting program?

- yes  no
- individual child therapy
- group child therapy
- parenting counseling
- family therapy
- other \_\_\_\_\_

- Type of therapist:
- psychologist
  - social worker
  - counselor
  - psychiatrist
  - other

8. Currently on meds?  yes  no

Medication code   Prescribed for  Adhd  Other

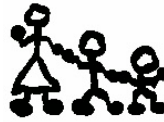
Start Date   /   /

9. Meds in the past?  yes  no

If yes, reason for stopping:  Ineffective  Side effects  Problem got better - no longer needed

10. Major concerns about another child in family?  yes  no

How severe are concerns?  1  2  3  4  5  6  7  
no concerns moderate severe



Time	<input type="text" value="5"/>	CID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mom/Other	<input type="radio"/>	Dad/Other	<input type="radio"/>				

**FOLLOW-UP QUESTIONNAIRE, Page 2**

11. What kinds of problems is this child having?

- |  |  |   |
|--|--|---|
| <input type="radio"/> sibling social relations       | <input type="radio"/> aggression                   | <input type="radio"/> Asperger's or Autism  |
| <input type="radio"/> complying to parent directions | <input type="radio"/> learning difficulties        | <input type="radio"/> academic difficulties |
| <input type="radio"/> hyperactivity and impulsivity  | <input type="radio"/> reading difficulties         | <input type="radio"/> Other                 |
| <input type="radio"/> attention span                 | <input type="radio"/> speech/language difficulties |   |

12. How much has parenting program helped?

- |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|
| Not at all              | Moderately              | Very Helpful            |
| <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 |
| <input type="radio"/> 7 |                         |                         |

13. How much time child-directed play, etc.?

- every day - amount of time in minutes
- 3 times a week
- once a week
- every two weeks

14. How often Time Out?

- every day - amount of time in minutes
- 3 times a week
- once a week
- every two weeks
- once a month
- never

15. How much did Dinosaur program help?

- |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|
| Not at all              | Moderately              | Very Helpful            |
| <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| <input type="radio"/> 4 | <input type="radio"/> 5 | <input type="radio"/> 6 |
| <input type="radio"/> 7 |                         |                         |

**SCHOOL**

1. Current school placement

- a. Grade
- b. Public School
- Private School

2. How long has child been at this school?

years  months

3. Child experiencing problems in school now?

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="radio"/> peer social relations             | <input type="radio"/> aggression                   | <input type="radio"/> other _____ |
| <input type="radio"/> following teacher directions      | <input type="radio"/> learning difficulties        |                                   |
| <input type="radio"/> participating in group activities | <input type="radio"/> reading difficulties         |                                   |
| <input type="radio"/> attention span                    | <input type="radio"/> speech/language difficulties |                                   |

4. Does child have IEP?  yes  no what diagnoses?

- |  |
|--|
| 1. ADHD<br>2. ODD (behavior problems)<br>3. Autism/Aspergers<br>4. Learning Disability<br>5. Developmental Delay |
|--|



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## FOLLOW-UP QUESTIONNAIRE, Page 3

### 5. Special Education Placement

- Self Contained 


 hours per week
- Resource Room 


 hours per week
- Classroom Aide 


 hours per week
- OT, PT, Speech Therapy 


 hours per week
- School social skills/  
friendship group 


 hours per week
- Other \_\_\_\_\_ 


 hours per week

### 6. How is child doing academically?

- Reading  1 below grade level     2 at grade level     3 above grade level
- Math  1 below grade level     2 at grade level     3 above grade level
- Social Studies/Science  1 below grade level     2 at grade level     3 above grade level

## Personal/Family Changes

1. Personal therapy for self?    Mother  yes     no    Father  yes     no

- Marital therapy 


 # of sessions
- Depression/anxiety therapy 


 # of sessions
- ADHD 


 # of sessions
- alcohol/drug counseling 


 # of sessions
- Medication 


 # of sessions
- Other \_\_\_\_\_ 


 # of sessions

2. Major stresses or traumas?  yes     no

- loss of job
- divorce
- death in family
- child protective services referral
- major hospitalization
- mental illness
- other

3. Need for therapy?

- |   |  |
|---|--|
| <p><u>Parents</u> <input type="radio"/> marital therapy</p> <p><input type="radio"/> depression therapy</p> <p><input type="radio"/> parenting counseling</p> <p><input type="radio"/> alcohol/drug counseling</p> <p><input type="radio"/> ADHD</p> <p><input type="radio"/> medication</p> <p><input type="radio"/> other _____</p> | <p><u>Child</u> <input type="radio"/> child therapy (i.e., social skills training)</p> <p><input type="radio"/> medication for child</p> <p><input type="radio"/> ADHD</p> |
|---|--|