

Subject # ___ __ _

Intake Form

Interviewer _____

Intake Date: ___ / ___ / ___

Information About Child

Child's Name _____ Sex (circle Male = 1

Female = 2

Referral Source _____ Date of birth: ___ / ___ / ___

Age (months): ___

I. Chief Complaints

A. Major Problems - include frequency, situation, and discipline techniques.

Referral Source (circle):	CPS	=	1
	Self*	=	2
	MD, RN,		
	Professional	=	3
	Teacher	=	4
	Parents Anonymous	=	5
	Friend	=	6
	Other	=	7

Developmental Problems (check next to each that applies):	Soiling (age 5+, day)	___	A
	Wetting (age 6+, night)	___	
	Wetting (age 4+, day)	___	
	Language delay	___	
	Intellectual delay	___	
	Motor delay	___	
	A.D.H.D.	___	
Learning disability	___		

B. When did problems first begin?

Age of child at onset (in months): ___

C. Was there any precipitating incident that brought parents in?

D. What are some of your child's strengths?

*If "self" and other referral source both apply, code for "self."

II. Medical/Developmental

A. Pregnancy and Ethnic Background

1. Is this your natural child? Adopted? etc.
- | | | | |
|---------------------|---|---|---|
| Natural child | = | 1 | B |
| Adopted | = | 2 | |
| Foster child | = | 3 | |
| Stepchild | = | 4 | |
| Child of a relative | = | 5 | |

(If other than natural child) At what age did he/she come into your home? (months) — —

The following questions pertain to the pregnancy of which the child was born, even if the current mother was not the natural mother.

2. Did mother have any illnesses or complications while carrying this child?
- _____ No _____ Yes, specify: _____
- _____
- _____
- _____
- | | | |
|--|-----|---|
| Emotional problem(s), e.g., mother abused: | | |
| Yes | = 1 | C |
| No | = 2 | |
| DK | = 3 | |

- _____
- _____
- _____
- | | | |
|--|-----|--|
| Medical problem(s), including hospitalized for bed rest: | | |
| Yes | = 1 | |
| No | = 2 | |
| DK | = 3 | |

3. Did mother take any medications, drugs, or alcohol during pregnancy?
- _____ No _____ Yes, specify: _____
- _____
- _____
- | | | |
|-----------------------------------|-----|--|
| Substance abuse during pregnancy: | | |
| Yes | = 1 | |
| No | = 2 | |
| DK | = 3 | |

4. Was the baby full term (i.e., 9 months) or premature?
- _____ Term _____ Premature
- | | | | |
|--------------------------|---|---|--|
| Full term | = | 1 | |
| Premature (by 2+ months) | = | 2 | |
| DK | = | 3 | |

5. Was there anything unusual about the delivery of this child?
- _____ No _____ Yes, specify: _____
- _____
- _____

6. Was the child born in the United States? ___Yes ___No

In what country was the child born? _____

7. Did the child speak another language before learning English?

No Yes; specify language: _____

If child is not currently being raised by either biological parent, please go to the Supplemental Items, section VII.A., on page 16. Also, remember to ask items in sections VII.B. and VII.C. (page 17) before the end of the interview.

B. Growth and Development

1. Were there any difficulties during the baby's first few months at home?

No Yes, specify: _____

Congenital defect:

Yes = 1 D
No = 2
DK = 3

Infant hospitalized:

Yes = 1
No = 2
DK = 3

What was the child like as a baby? (fussy, eating and sleeping habits, etc.) _____

Chronic ear infection:

Yes = 1
No = 2
DK = 3

As an infant, was child labeled as having "colic"?

Colic: Yes = 1
No = 2
DK = 3

2. At approximately what age did your child do the following? (indicate source of report)

Smile Age (in months)

Sit alone _____

Walk alone _____

First 2-3 clear words _____

Put 2-3 words into simple sentence for the first time _____

Toilet trained for daytime _____

(mo.) _____ E

(yr.) _____
(Code a 9 if child is not yet toilet trained)

3. How does this child's development compare with

that of your other children?
 ___ Same ___ Faster ___ Slower

II. C. Medical History

1. Has this child had any hospitalizations? accidents? illnesses since birth? _____

2. Is this child taking any medications for ADHD, OCD, or other behavioral or mental disorder? _____ Medication: Yes = 1 F
 No = 2

3. ADHD or other DSM IV diagnosis? _____ DSM IV dx: Yes = 1
 No = 2

4. Has this child had previous therapy for behavioral or developmental reasons? Yes = 1
 (Ask for details, type of therapy, # of sessions, date, etc.) No = 2
Content: _____
Date(s): _____
Therapist: _____
Parent's perception of outcome: _____

III. Educational History

- A. Is this child currently attending any of the following types of school programs? _____ None = 1 G
 _____ Head Start = 2
 _____ Private preschool = 3
 _____ Parent cooperative nursery school = 4
 _____ Family day care = 5
 _____ Childhaven or similar program = 6
 _____ Other (specify) Special ed or behavioral program = 7
 _____ Other = 8

- B. If yes, were problems evident in: _____ Grade level in regular school (Kindergarten = 0, pre-Kdgt = 9): _____
 _____ Peer social relations _____ Attention span
 _____ Following adult directions _____ Aggression
 _____ Participating in group activities
 How long has the child been at this school? _____

IV. Family Background

A. Parents

Age of (functional) mother: _____ H

Relationship of functional mother (if any) to child:

Biological mother	= 1
Adoptive mother	= 2
Stepmother	= 3
Grandmother	= 4
Foster mother or other blood relative	= 5
Father's partner	= 6
No functional mother	= 7

Age of (functional) father _____ I

Relationship of functional father (if any) to child:

Biological father	= 1
Adoptive father	= 2
Stepfather	= 3
Grandfather	= 4
Foster father or other blood relative	= 5
Mother's partner	= 6
No father in home	= 7

B. Mother's Marital History

1. Current marital status:

Never married	= 1	J
Currently married	= 2	
Separated	= 3	
Divorced	= 4	
Widowed	= 5	

2. Total number of marriages _____

3. Mother's partner status:

Living with husband or partner	= 1
Has partner, not living together	= 2
Living on and off with partner	= 3
No partner	= 4

If not currently married or living with partner, but was previously married, skip to 7 on page 7.

If never married, skip to 8 on page 7.

4. Number of years married to current husband or living with current partner: _____

5. Number of children from current marriage or relationship (including adopted): _____

Grade School: 1 2 3 4 5 6 7 8	Graduate degree	= 1
	4-yr college grad	= 2
High School: 9 10 11 12 GED	Partial college (not vocational)	= 3
College: Freshman Sophomore Junior Graduated	High school grad (incl. w voc.)	= 4
Postgraduate--Specify: _____	Partial high school (10, 11)	= 5
Business/Trade School--Specify: _____	Jr. high school (7-9)	= 6
	Less than 7 years	= 7
	GED	= 8
Is mother currently attending school?	Yes	= 1
	No	= 2

E. Mother's Employment/Occupation

Is mother currently employed?	Yes, full-time ($\geq 80\%$)	<input type="checkbox"/> 1
Percentage of time _____	Yes, part-time ($\leq 79\%$)	= 2
	No	= 3
Occupation: _____	Hollingshead code	
	for occupation: _____	M

What kind of work are/were you doing? (BE SPECIFIC):

What are/were your most important activities or duties?

What kind of business or industry is/was this?

Are you (check one):

- an employee of a PRIVATE company, business, or individual for wages, salary, or commission? _____
- a GOVERNMENT employee (federal, state, county, or local government)? _____
- self-employed in your OWN business, professional practice, or farm? Own business, NOT incorporated _____
 Own business, INCORPORATED _____
- working WITHOUT PAY in a family business or farm? _____

IV. F. Father's Education

(circle highest level of education completed)

Grade School: 1 2 3 4 5 6 7 8	Graduate degree	= 1	N
	4-yr college grad	= 2	

High School: 9 10 11 12 GED	Partial college (not vocational)	= 3
College: Freshman Sophomore Junior Graduated	High school grad (incl. w voc.)	= 4
Postgraduate--Specify: _____	Partial high school (10, 11)	= 5
Business/Trade School--Specify: _____	Jr. high school (7-9)	= 6
	Less than 7 years	= 7
	GED	= 8
Is father currently attending school?	Yes	= 1
	No	= 2

G. Father's Employment/Occupation

Is father currently employed?	Yes, full-time ($\geq 80\%$)	<input type="checkbox"/> 1
Percentage of time _____	Yes, part-time ($\leq 79\%$)	= 2
	No	= 3

Occupation: _____ Hollingshead code for occupation: _____

What kind of work are/were you doing? (BE SPECIFIC):

What are/were your most important activities or duties?

What kind of business or industry is/was this?

Are you (check one):

- an employee of a PRIVATE company, business, or individual for wages, salary, or commission? _____
- a GOVERNMENT employee (federal, state, county, or local government)? _____
- self-employed in your OWN business, professional practice, or farm? Own business, NOT incorporated _____
 Own business, INCORPORATED _____
- working WITHOUT PAY in a family business or farm? _____

H. Who cares for child the most? _____

IV. I. Family Income

1. Gross Annual Income	< \$5,000	= 1	O
	5,000-8,999	= 2	
2. Have you in the past year received unemployment compensation or insurance? ___No ___Yes	9,000-14,999	= 3	
	15,000-20,999	= 4	

- | | | | |
|--|---------------|---|---|
| | 21,000-28,999 | = | 5 |
| 3. Have you in the past year received direct public assistance? ___No ___Yes | 29,000-39,999 | = | 6 |
| | 40,000-69,999 | = | 7 |
| | 70,000-99,999 | = | 8 |
| | 100,000+ | = | 9 |

K. Children in Household

- How many of your (mother's) children live with you now? _____
- How many other children, if any, live with you at least some of the time? _____
- (Ask name, age, sex, and residence of each of mother's natural or adopted children, starting with the first-born. Include the target child, and also include any children who are deceased. In both these cases, "LIVE WITH TARGET CHILD" does not apply. Write "D" under "AGE IN YEARS" if child is deceased.)

BIRTH ORDER*	CHILD'S NAME	AGE IN YEARS	GENDER (circle)		LIVE WITH TARGET CHILD?		Birth order of target child: _____ P (0 if not mother's natural or adopted child)
			M	F	Y	N	
1st	_____	_____	M	F	Y	N	
2 nd	_____	_____	M	F	Y	N	
3rd	_____	_____	M	F	Y	N	
4th	_____	_____	M	F	Y	N	
5th	_____	_____	M	F	Y	N	
6th	_____	_____	M	F	Y	N	
7th	_____	_____	M	F	Y	N	

- Do you have any concerns regarding the social or emotional development of these (other) children? ___No ___Yes--Please explain:

*Record any adopted children in the order they would be if born to mother.

IV. L. Other Household Members

How many people, including yourself and your children, currently live in your home _____ Q

List name and relationship of household members not already named above:

NAME	RELATIONSHIP TO MOTHER
------	------------------------

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

M. How many people, including you (and your spouse), depend on you (and your spouse) for money or support? _____ (number)

N. How many times during the past year have you changed your place of residence? _____

O. How many times during the past 5 years have you changed your place of residence? _____

V. Family History

A. Mother:

What was it like growing up in your family (i.e., number of siblings, position in family, whether parents divorced, how everyone got along, how your parents disciplined, how they handled conflict)?

	Mother	Mother's parents	Mother's full/ half sibs	Code for each item:	R
Is there a history of alcohol abuse?	___	___	___	0 = none	
drug abuse?	___	___	___	1 = past	
depression?	___	___	___	2 = current	
other mental illness?	___	___	___	3 = past + current	
jail or prison?	___	___	___	4 = past, current UK	

Other serious problem(s)? (specify whom and what):

B. Mother's History Regarding Abuse and Support

1. Number of siblings _____ S
- Code for items 2-10:
- 0 = never
1 = rarely
2 = sometimes
3 = often
2. When you were a child did you ever witness your parents physically abuse each other? _____
3. To what extent do you think you experienced physical abuse when you were a child? By whom? _____
4. To what extent do you think you experienced sexual abuse when you were a child? By whom? _____
5. To what extent do you think you experienced emotional abuse when you were a child? By whom? _____
6. Did your parents physically, sexually, or emotionally abuse any of your siblings? _____
7. Do you think your mother was supportive and understanding? _____
8. Do you think your father was supportive and understanding? _____
- How would you describe your current marriage/relationship? _____
9. All couples have disagreements and they deal with these in a variety of ways. I'd like to ask about your own experience. (Ask how marriage has been affected by child's problems.)
- a. Have you ever experienced physical abuse from the partner in your current relationship? _____
- b. Have you ever experienced physical abuse from the partner in any previous relationship? _____
- c. Has the child ever witnessed you physically fighting with a partner? _____
- d. Has the child ever witnessed you verbally fighting with a partner? _____
10. Have you ever been concerned that you might abuse your child? _____
11. Have you ever been reported for child abuse (or have you ever abused your child)? When? Are you currently involved with CPS? _____
- Yes = 1 T
No = 2
12. Are you fearful that your spouse (partner) might abuse your child? Yes = 1
No = 2

13. (When it is a different person, ask:) Are you fearful that the child's father may abuse him or other children? Yes = 1
No = 2

14. Have you had previous psychological treatment for any reason? Yes = 1
(Ask for details, type of therapy, number of sessions, date, etc.) No = 2

Content: _____

Date(s): _____

Therapist: _____

Mother's perception of outcome: _____

C. (Functional) father or Mother's partner:

What was it like growing up in your family (i.e., number of siblings, position in family, whether parents divorced, how everyone got along, how your parents disciplined, how they handled conflict)?

	Father/ Partner	Father's/ Partner's parents	Father's/ Partner's full/ half sibs	Code for each item:	U
Is there a history of alcohol abuse?	___	___	___	0 = none	
drug abuse?	___	___	___	1 = past	
depression?	___	___	___	2 = current	
other mental illness?	___	___	___	3 = past + current	
jail or prison?	___	___	___	4 = past, current UK	

Other serious problem(s)? (specify whom and what):

D. Father's (or Partner's) History Regarding Abuse and Support

- | | | |
|---|-----|---|
| 1. Number of siblings | ___ | V |
| 2. When you were a child did you ever witness your parents physically abuse each other? | ___ | |
| 3. To what extent do you think you experienced physical | | |
- Code for items 2-10:
0 = never
1 = rarely
2 = sometimes
3 = often

- abuse when you were a child? By whom? _____
4. To what extent do you think you experienced sexual abuse when you were a child? By whom? _____
5. To what extent do you think you experienced emotional abuse when you were a child? By whom? _____
6. Did your parents physically, sexually, or emotionally abuse any of your siblings? _____
7. Do you think your mother was supportive and understanding? _____
8. Do you think your father was supportive and understanding? _____
- How would you describe your current marriage/relationship?
9. All couples have disagreements and they deal with these in a variety of ways. I'd like to ask about your own experience. (Ask how marriage has been affected by child's problems.)
- a. Have you ever experienced physical abuse from the partner in your current relationship? _____
- b. Have you ever experienced physical abuse from the partner in any previous relationship? _____
- c. Has the child ever witnessed you physically fighting with a partner? _____
- d. Has the child ever witnessed you verbally fighting with a partner? _____
10. Have you ever been concerned that you might abuse your child? _____
11. Have you ever been reported for child abuse (or have you ever abused your child)? When? Are you currently involved with CPS? _____
- | | | | |
|-----|---|---|---|
| Yes | = | 1 | W |
| No | = | 2 | |
-
12. Are you fearful that your spouse (partner) might abuse her child?
- | | | |
|-----|---|---|
| Yes | = | 1 |
| No | = | 2 |
13. Have you had previous psychological treatment for any reason? (Ask for details, type of therapy, number of sessions, date, etc.)
- Content: _____
- _____
- Date(s): _____
- Therapist: _____

Partner's perception of outcome: _____

G. Other Stresses

1. Have any significant stresses or traumas occurred to child or other family members since child's birth? _____

2. Are there any unusual stresses going on for you or any other family members currently? _____

If biological mother is not in home, ask section VII.B on page 16.

If biological father is not in home, ask section VII.C on page 16.

H. Therapist's Prediction Score (1-5: 1 = low probability for success, _____ X
5 = high probability for success)

VI. Ethnicity Codes:

- | | |
|--|--|
| 1 Caucasian | 14 Laotian |
| 2 Hispanic | 15 Asian (other, unspecified, or more than 1 Asian background) |
| 3 Native American | 21 African American & Caucasian |
| 4 African American or Black | 22 Hispanic & Caucasian |
| 5 Samoan | 23 Native American & Caucasian |
| 6 Filipino | 24 Asian & Caucasian |
| 7 Pacific Islander (other than Samoan or Filipino) | 25 African American & Hispanic |
| 8 Cambodian | 27 Asian & Hispanic |
| 9 Chinese/Taiwanese | 28 African American & Native American |
| 10 Japanese | 29 African American & Asian |
| 11 Korean | 30 Native American & Asian |
| 12 East Indian | 98 Other (Eskimo, Arabic, etc.) |
| 13 Vietnamese | 99 Not Specified |

Please code each of the following using the ethnicity codes above:

- A. Child's Ethnic Background (from Demographic Summary[DS]): _____ Y
- B. Functional Mother's Ethnic Background (from DS): _____
- C. Functional Father's Ethnic Background (from DS): _____
- D. Biological Mother's Ethnic Background (page 16, if applicable): _____
- E. Biological Father's Ethnic Background (page 16, if applicable): _____

VII. Supplemental Items for Child Raised by Other Than Biological Parent(s)

tion the functional parent has concerning substance abuse, mental illness, etc.)

	Biological Biological Mother	Biological Mother's parents	Biological Mother's full/ half sibs	Code for DD each item: 0 = none 1 = past 2 = current 3 = past + current 4 = past, current UK
Is there a history of alcohol abuse?	___	___	___	
drug abuse?	___	___	___	
depression?	___	___	___	
other mental illness?	___	___	___	
jail or prison?	___	___	___	
Other serious problem(s)? (specify whom and what):				
What is the biological mother's ethnic background? _____				

C. Family History of Biological Father

Use introduction above if not already used for biological mother.

(Probe for any information the functional parent has concerning substance abuse, mental illness, etc.)

	Biological Biological Father	Biological Father's parents	Biological Father's full/ half sibs	Code for EE each item: 0 = none 1 = past 2 = current 3 = past + current 4 = past, current UK
Is there a history of alcohol abuse?	___	___	___	
drug abuse?	___	___	___	
depression?	___	___	___	
other mental illness?	___	___	___	
jail or prison?	___	___	___	
Other serious problem(s)? (specify whom and what):				
What is the biological father's ethnic background? _____				