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## Problem-Oriented Questionnaire for Parents

Child/Adolescent's Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Child's Date of Birth: \_\_\_\_\_  
Name(s) of Person(s) \_\_\_\_\_ Relationship(s) to  
Completing Form \_\_\_\_\_ Child: \_\_\_\_\_

Please list or describe below your main concerns about this child or adolescent:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

### DIRECTIONS

For each section below, read the introductory statement. If the section does not apply to your child, check the blank and move on. If you are not sure whether that section applies, you may wish to read through the questions before deciding whether or not to respond.

**This questionnaire is based on information about your child within the last 6 weeks.**

If two people are completing this form together, please have Person One use **X** and Person Two use **O**.

Person One Name/Relationship to Patient: \_\_\_\_\_

Person Two Name/Relationship to Patient: \_\_\_\_\_

### Background on the POQP....

No one knows your child or teen better than you do. You are being asked to complete this questionnaire to provide us with specific detailed information about common symptoms. The questions are grouped by sections. You may be asked to complete sections of this questionnaire in the future to see whether your child has responded to treatment.

Not all sections of this questionnaire apply to every child. At the top of each section, please read the statement. If you are confident that the area is not a concern for your child, mark the "No Concern" blank and skip to the next section. If you are not sure, read over the items, and respond to the items which apply to your child or teen.

Some pages also have a blank area where you can write explanations or examples if you wish. You may be brief because your answers will be further explored in session with the clinician.

## **Family Functioning:**

Families are essential! This is a “no fault” questionnaire. We know parents try their best. We just want to know what your family’s strengths and challenges are.

Please place an “X” along the [0----1----2----3] continuum indicating how true the statement is for your family at this time.

This scale is based on the ICPS Family Functioning Scale developed by Patricia Noller, Department of Psychology, University of Queensland Australia. (Used with permission)				
	0	1	2	3
	Disagree		Agree	
1. People in our family help and support each other	0	1	2	3
2. Each member of our family has a say in important family decisions	0	1	2	3
3. It is hard to get a rule changed in our family	0	1	2	3
4. We are honest with each other	0	1	2	3
5. We often misunderstand each other	0	1	2	3
6. Parents usually agree on things involving the family	0	1	2	3
7. We are flexible about who does what in our family	0	1	2	3
8. Even though we mean well, we interfere too much in each other’s lives	0	1	2	3
9. There is a lot of anger between family members	0	1	2	3
10. Family members feels very close to each other	0	1	2	3
11. Children have a say in the rules	0	1	2	3
12. We interrupt and talk over each other	0	1	2	3
13. We show affection and tenderness to one another	0	1	2	3
14. One parent sides with children against the other parent	0	1	2	3
15. We work together to sort out problems	0	1	2	3
16. Each person is encouraged to make up their own mind about things	0	1	2	3
17. Once we have decided something, we have difficulty making changes	0	1	2	3
18. Family members show their true feelings to each other	0	1	2	3
19. Making decisions and plans is a problem for our family	0	1	2	3
20. Each family member is accepted for what they are	0	1	2	3
21. Children are consulted with and participate in decision making	0	1	2	3
22. It is easier to talk about problems with people outside the family than with other family members	0	1	2	3
23. We listen to and respect each other’s point of view	0	1	2	3
24. We try to change each other in big ways	0	1	2	3
25. Members of our family are able to stand on their own feet	0	1	2	3
26. We can usually sort out problems by talking about them	0	1	2	3
27. Family members have a say in family matters	0	1	2	3
28. Even when we disagree, we still show our love for each other	0	1	2	3
29. Parents and children talk about things before decisions are made	0	1	2	3

## Social Assets:

This page gives us an idea of the supports that are available to your child at this time.

Please place an X along the [0----1----2----3] continuum to how true this statement is for your child.

Adapted from the Search Institute's 40 Developmental Assets	0	1	2	3
	Not at all true		Very true	
1. Family life provides high levels of love and support	0	1	2	3
2. My child asks for help and advice	0	1	2	3
3. My child has adults outside the family that are important to him or her	0	1	2	3
4. We know and like our neighbors	0	1	2	3
5. My child's school is caring and safe	0	1	2	3
6. Adults in our community value young people	0	1	2	3
7. My child helps in the community one hour or more per week	0	1	2	3
8. My child feels safe at home, school, and in the neighborhood	0	1	2	3
9. Family has clear rules and consequences and monitors the child's whereabouts	0	1	2	3
10. School provides clear rules and consequences	0	1	2	3
11. Neighbors take responsibility for monitoring my child's behavior	0	1	2	3
12. Parent(s) and other adults model positive, responsible behavior	0	1	2	3
13. My child's best friends model responsible behavior	0	1	2	3
14. My child spends three or more hours per week in lessons or practice in music, theater, or other arts	0	1	2	3
15. My child spends three or more hours per week in sports, clubs, or organizations at school and/or in the community	0	1	2	3
16. My child spends one or more hours per week in activities in a religious institution	0	1	2	3
17. My child is out with friends "with nothing special to do" two or fewer nights per week	0	1	2	3
18. My child is motivated to do well in school	0	1	2	3
19. My child is actively engaged in learning	0	1	2	3
20. My child does home work every school day	0	1	2	3
21. My child enjoys school	0	1	2	3
22. My child reads for pleasure three or more hours per week	0	1	2	3
23. My child places high value on helping other people	0	1	2	3
24. My child places high value on promoting equality and reducing hunger and poverty	0	1	2	3
25. My child stands up for her or his beliefs	0	1	2	3
26. My child "tells the truth even when it is not easy"	0	1	2	3
27. My child accepts and takes personal responsibility	0	1	2	3
28. My child believes it is important not to be sexually active before marriage or to use alcohol or other drugs	0	1	2	3
29. My child knows how to plan ahead and make choices	0	1	2	3
30. My child has empathy, sensitivity, and friendship skills	0	1	2	3
31. My child has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds	0	1	2	3
32. My child can resist negative peer pressure and dangerous situations	0	1	2	3
33. My child seeks to resolve conflict nonviolently	0	1	2	3
34. My child feels s/he has control over "things that happen to me"	0	1	2	3
35. My child reports having a high self-esteem	0	1	2	3
36. My child reports that "my life has a purpose"	0	1	2	3
37. My child is optimistic about her or his personal future	0	1	2	3

**Popular Culture:**

No Concerns \_\_\_\_\_

The following are a list of activities that parents sometimes worry may add to their child’s problems. Please note if you are concerned about these for your child:

Please place an X along the [0----1----2----3] continuum indicating how much of a problem each activity is for your child.

	0	1	2	3
	Not at all true		Very true	
1. Television and DVDs (too much, poor choice of programs)	0	1	2	3
2. Gambling	0	1	2	3
3. Video games/ computer games (too much, poor choice)	0	1	2	3
4. Caught up in internet searching (YouTube, etc.)	0	1	2	3
5. Pornography	0	1	2	3
6. Occult or Satanic literature or media	0	1	2	3
7. War enactment games	0	1	2	3
8. Magic, Warhammer, Dungeons and Dragons, or other role-playing game	0	1	2	3
9. Shopping problems	0	1	2	3
10. Problems with on-line social networking	0	1	2	3
11. Choice of music	0	1	2	3
12. Choice of dress/appearance	0	1	2	3
13. Texting/Sexting	0	1	2	3
14. Cell phone use	0	1	2	3
15. Social Media (facebook/MySpace etc.)	0	1	2	3
16. Child collects items related to, or is fascinated by weapons/violence	0	1	2	3
17. Child collects items related to, or is fascinated by sex/pornography	0	1	2	3
18. Child collects items related to, or is fascinated by occult/satan	0	1	2	3
19. Child collects items related to, or is fascinated by vampires/zombies	0	1	2	3
20. Child collects items related to, or is fascinated by super heroes/sci fi	0	1	2	3
21. Child collects items related to, or is fascinated by robots/machines	0	1	2	3
22. Child collects items related to, or is fascinated by make up/clothes/fashion	0	1	2	3
23. Other:	0	1	2	3

What are your family values or rules about media, games, music, and dress?

(check all that apply) Please comment if appropriate:

- PG-13 only
- Child decides, parents supervise
- Hard to supervise because of work or other responsibilities
- Feels like we have no control over these areas
- Christian only
- Parents disagree
- Limit access by \_\_\_\_\_
- We trust our child/teen’s judgment
- Use technical controls (parent control settings)
- Strict rules, time limits
- Parents uncertain

**Learning and School Problems:**

No Concerns \_\_\_\_\_

If your child gets good grades in all subjects without help, keeps track of his or her assignments without any help, easily succeeds in different subjects and with different kinds of teachers, and has no signs of learning issues, please check the blank above and skip to the next section.

Otherwise, please place an X along the [0---1---2---3] continuum indicating where your child falls.

	0	1	2	3
	Not at all true		Very true	
1. Problems with calculations (+, -, x, ÷)	0	1	2	3
2. Math word problems are a struggle	0	1	2	3
3. Awkward or messy handwriting	0	1	2	3
4. School work is messy or disorganized	0	1	2	3
5. Problems writing down what s/he knows, but can give oral reports well	0	1	2	3
6. Problems with written reports	0	1	2	3
7. Problems with letter / number reversals	0	1	2	3
8. Problems with spelling	0	1	2	3
9. Problems with reading	0	1	2	3
10. Problems remembering or understanding what was read	0	1	2	3
11. Problems sounding out the parts of words	0	1	2	3
12. Problems remembering to bring assignments, work or books home	0	1	2	3
13. Problems using daily planner (for grades 6 and above)	0	1	2	3
14. Problems with meeting deadlines	0	1	2	3
15. Finishes work, but doesn't turn it in	0	1	2	3
16. Good daily work, but poor test taking/test scores	0	1	2	3
17. Doesn't respect teacher's authority	0	1	2	3
18. Works below ability	0	1	2	3
19. Perfectionist/puts pressure on self	0	1	2	3
20. Often late to class	0	1	2	3
21. Skips class	0	1	2	3
22. Sleeps in class	0	1	2	3
23. Refuses to do work	0	1	2	3
24. Disruptive (clowning or oppositional)	0	1	2	3
25. "Hates" school	0	1	2	3

\_\_\_\_ Child is on an IEP

\_\_\_\_ Child gets tutoring

Please comment on when these problems began, and whether they are getting better or worse:

Please tell us how you've tried to help and what has worked or not worked:

**Habit, tic disorders, and other body problems:**

No Concerns \_\_\_\_\_

If the child or teen does not have problems with unusual muscle movements, nervous habits, problems with diet/exercise, or injuring him or herself, please check the blank above and skip to the next section.

Otherwise, please place an X along the [0---1---2---3] continuum indicating where you child falls.

	0	1	2	3
	Not at all true		Very true	
1. Muscle tics (i.e. rapid, repetitive muscle twitches). Examples: exaggerated or repetitive eye blinking, sniffing/snorting, head tossing	0	1	2	3
2. Has frequent physical restless movements: bouncing leg, tapping fingers	0	1	2	3
3. Repeated mumbling, shouting or cursing that seems to be involuntary	0	1	2	3
4. Compulsive rituals, such as having to touch or tap things in a particular way or a certain number of times	0	1	2	3
5. Pulls out own hair, eyelashes, or eyebrows	0	1	2	3
6. Bites nails, picks scabs	0	1	2	3
7. Has cut on him/herself or burned him/herself on purpose	0	1	2	3
8. Has given him/herself a tattoo or body piercing	0	1	2	3
9. Child soils self (has bowel movements in pants) during the day	0	1	2	3
10. Child smears feces (bowel movements)	0	1	2	3
11. Wets the bed	0	1	2	3
12. Urinates at places other than toilet (during the day)	0	1	2	3
13. Head banging	0	1	2	3
14. Diet problems (wrong food choices, refuses to eat, binges: explain below)	0	1	2	3
15. Exercises harshly or excessively	0	1	2	3
16. Preoccupied with body building or body image	0	1	2	3
17. Uses supplements/performance enhancers, laxatives or diuretics	0	1	2	3
18. Makes self throw up	0	1	2	3
19. Excessive worry over ordinary health issues	0	1	2	3
20. Has an unusually sensitive gag reflex	0	1	2	3
21. Frequent headaches or stomach aches	0	1	2	3

Other habits or movements:

Please circle the setting(s) where these problems occur:            Home            School            Community

Please comment on when these problems began, and whether they are getting better or worse:

**Sexuality and sexual problems:**

No Concerns \_\_\_\_\_

If the child is contented with his/her gender – (whether he is a boy or a girl), and s/he wears clothes suited to their sex and enjoys games and clothes typical for his or her sex, and the child shows normal development of interest in dating, and sexuality, please check the blank above and skip to the next section.

Otherwise, please place an X along the [0---1---2---3] continuum indicating where your child falls.

	0	1	2	3
	Not at all true		Very true	
1. Has a potty mouth	0	1	2	3
2. Plays out sexual scenes with dolls or stuffed animals	0	1	2	3
3. Kisses or hugs others inappropriately	0	1	2	3
4. If a boy, plays with girl's toys; if a girl, plays with boy's toys	0	1	2	3
5. Talks about wanting to be the opposite sex	0	1	2	3
6. Tries to touch adult's private parts	0	1	2	3
7. Touches playmate or peer's private parts	0	1	2	3
8. Imitates adult sexual behaviors	0	1	2	3
9. Dresses like the opposite sex	0	1	2	3
10. Tries to look at people when they are nude or undressing	0	1	2	3
11. Has been exposed to sexually explicit TV shows or movies	0	1	2	3
12. Worries something is wrong with sexual parts	0	1	2	3
13. Walks around house in underclothes or undressed	0	1	2	3
14. Masturbation issues	0	1	2	3
15. Touches or scratches private parts when in public places	0	1	2	3
16. Talks in a flirtatious manner or dresses provocatively	0	1	2	3
17. Fascinated by pictures of nude or partially dressed people in magazines or books	0	1	2	3
18. Views pornography on the internet	0	1	2	3
19. Reports sexual play	0	1	2	3
20. Reports sexual activity	0	1	2	3
21. Reports sexual abuse (see pg. "Signs or Symptoms of Stress Resulting from Trauma")	0	1	2	3

Other concerns about sexuality:

Please circle the setting(s) where these problems occur:            Home            School            Community

Please comment on when these problems began, and whether they are getting better or worse:

**Problems with Social Skills:**

No Concerns \_\_\_\_\_

If the child is able to make friends and keep friends easily, shows good social judgment (i.e., common sense) for his/her age, and is able to adapt to a variety of settings and work with a variety of teachers without problems, please check the blank above and skip to the next section.

Otherwise, please place an X along the [0---1---2---3] continuum indicating where your child falls.

	0	1	2	3
	Not at all true		Very true	
1. Child seems to lack an understanding of how to play with other children; unaware of the “rules” of social play	0	1	2	3
2. Ability to make and keep friends seems less than expected for age	0	1	2	3
3. Other children/teens see him/her as “odd”	0	1	2	3
4. Prefers to play with younger children or adults instead of same aged friends	0	1	2	3
5. Seems content to be alone: doesn’t put as much effort into being with friends as one would expect for age	0	1	2	3
6. Has only a few interests that s/he pursues repetitively; like computer games, dinosaurs, fantasy or science fiction, collections, animals, robots, sports statistics, etc.	0	1	2	3
7. Collects items that most people wouldn’t consider collectible. For example: bits of paper, vacuum cleaners.	0	1	2	3
8. Child seems poorly coordinated; is not skilled at catching a ball; doesn’t like to ride a bike	0	1	2	3
9. Child has an odd gait when running	0	1	2	3
10. Prefers to keep to the same routine; gets upset when the day’s schedule is changed	0	1	2	3
11. Acts as if family or parents should comply with his/her routines; won’t/can’t adapt	0	1	2	3
12. Child’s speech is too formal; talks like a little professor or like a walking dictionary	0	1	2	3
13. Child has an unusual tone of voice. For example, high pitched, monotone, or nasal voice	0	1	2	3
14. Child controls conversation; doesn’t ask other’s thoughts or opinions on the topic	0	1	2	3
15. Child interprets comments literally. For example, is confused by phrases such as “cat got your tongue”	0	1	2	3
16. Gives long speeches about a topic of interest without coming to the point.	0	1	2	3
17. Starts conversations in the middle; expects you to know what s/he has been thinking	0	1	2	3
18. Facial expression tends to be unchanging; people have trouble knowing what s/he is feeling	0	1	2	3
19. Avoids eye contact when speaking with you or has unblinking eye contact	0	1	2	3
20. Actively avoids brushing teeth, showering or bathing; has “faked” or lied about showering or bathing, etc.	0	1	2	3
21. Tends to correct adults over minor details; has difficulty taking direction because s/he always has a better idea.	0	1	2	3
22. Lacks a sense of style when choosing clothing	0	1	2	3
23. Despite intelligence, doesn’t seem to know what to do in many situations; seems to lack common sense	0	1	2	3
24. Although kind-hearted, acts self-centered much of the time or doesn’t consider the needs or feelings of others.	0	1	2	3

Please comment on when these problems began, and whether they are getting better or worse:



## Anxiety Symptoms:

No Concerns \_\_\_\_\_

If the child is able to handle frustrations well, and does not show more than a typical response for his or her age when frightened or worried, or is able to accept reassurance or calm himself or herself, please check the blank above and skip this section.

0=Not True or Hardly Ever True    1= Somewhat True or Sometimes True    2=Very true or Often True

Screen for Child Anxiety Related Disorders (SCARED)	0	1	2
1. When my child feels frightened, it is hard for him/her to breathe.			
2. My child gets headaches when he/she is at school.			
3. My child doesn't like to be with people he/she doesn't know well.			
4. My child gets scared if he/she sleeps away from home.			
5. My child worries about other people liking him/her.			
6. When my child gets frightened, he/she feels like passing out.			
7. My child is nervous.			
8. My child follows me wherever I go.			
9. People tell me that my child looks nervous.			
10. My child feels nervous with people he/she doesn't know well.			
11. My child gets stomachaches at school.			
12. When my child gets frightened, he/she feels like he/she is going crazy			
13. My child worries about sleeping alone.			
14. My child worries about being as good as other kids.			
15. When he/she gets frightened, he/she feels like things are not real.			
16. My child has nightmares about something bad happening to his/her parents			
17. My child worries about going to school.			
18. When my child gets frightened, his/her heart beats fast.			
19. He/she gets shaky.			
20. My child has nightmares about something bad happening to him/her.			
21. My child worries about things working out for him/her.			
22. When my child gets frightened, he/she sweats a lot.			
23. My child is a worrier.			
24. My child gets really frightened for no reason at all.			
25. My child is afraid to be alone in the house.			
26. It is hard for my child to talk with people he/she doesn't know well.			
27. When my child gets frightened, he/she feels like he/she is choking.			
28. People tell me that my child worries too much.			
29. My child doesn't like to be away from his/her family.			
30. My child is afraid of having anxiety (or panic) attacks.			
31. My child worries that something bad might happen to his/her parents.			
32. My child feels shy with people he/she doesn't know well.			
33. My child worries about what is going to happen in the future.			
34. When my child gets frightened, he/she feels like throwing up.			
35. My child worries about how well he/she does things.			
36. My child is scared to go to school.			
37. My child worries about things that have already happened.			
38. When my child gets frightened, he/she feels dizzy.			
39. My child feels nervous when he/she is with other children or adults and he/she has to do something while they watch him/her (for example: read aloud, speak, play a game, play a sport.)			
40. My child feels nervous when he/she is going to parties, dances, or any place where there will be people that he/she doesn't know well.			
41. My child is shy.			

**Anxiety Symptoms continued:**

Please circle the setting(s) where these problems occur:                      Home                      School                      Community

Please comment on when these problems began, and whether they are getting better or worse:

Any other concerns?

**Signs or Symptoms of Stress Resulting from Trauma:**                      No Concerns \_\_\_\_\_

This section asks about serious or life-threatening situations. Almost all children have experienced one or more of these events but only some children will show distress for weeks or months after. Sometimes, children and teens show these signs and symptoms, but have not told parents or caregivers about the situation. Sometimes, these symptoms are found in children or teens who thought they were in a dangerous situation, even though they weren't.

This child has experienced one or more of the following upsetting events:

Please check all that apply	
	1. Tornado, flood or natural disaster
	2. House fire or other serious damage to house (i.e. break-in/burglary)
	3. Car accident in which someone was injured
	4. Saw a playmate seriously injured
	5. Had a "close call" in which child feared they might die
	6. Had a medical procedure which was painful, frightening, or required restraints
	7. Witnessed a loved one in an accident or life-threatening illness
	8. Regularly or seriously teased or harassed at school
	9. Was a victim of a crime
	10. Was bitten by a dog or hurt by an animal
	11. Had an accident which resulted in injury or scarring
	12. Witnessed arguments in the home in which adults shouted, swore, threatened one another
	13. Witnessed violence in the home: shoving, hitting, slapping, or worse
	14. Victim of physical abuse    Experienced at age:
	15. Victim of emotional abuse    Experienced at age:
	16. Victim of sexual abuse    Experienced at age:
	17. Not sure, but suspect child may have been abused
	18. Victim of Cyberbullying    Experienced at age:
	19. Child spent time in an orphanage or foster home                      Experienced at age:
	20. Other:

## Signs or Symptoms of Stress Resulting from Trauma Continued:

Please complete the questions below:

Please check all that apply	
	1. Child “plays” about an upsetting event – for example: “Let’s pretend the tornado comes...”
	2. Child / teen collects weapons, knives, Ninja things, etc.
	3. Child reports frequent nightmares (>1 per month)
	4. Child has episodes in which they seem to think the distressing event is happening again (flashbacks)
	5. Child becomes fearful when s/he encounters something that reminds him/her or the upsetting event
	6. Child avoids or refuses to talk about the upsetting event
	7. Child avoids situations, people, or places that remind him/her of the upsetting event
	8. Child can’t recall or refuses to remember the upsetting event
	9. Child had a change in personality after the event
	10. Child shows little interest in planning his/her future career or life
	11. Child has an exaggerated startle response (“jumpy”)
	12. Child is excessively clingy or developed immature behavior after the upsetting event (e.g., bedwetting)
	13. Child is uncomfortable or feels unsafe in new settings; doesn’t want to try new activities
	14. Child is fascinated by stories of survival or horror movies
	15. Child is fascinated and worried by storms or weather patterns
	16. Child is fascinated by or worried about burglars or “bad guys”
	17. Child over-reacts to strangers or people who seem loud or threatening (example: rowdy teenagers)

**Inattentive, hyperactive, or impulsive behaviors:**

No Concerns \_\_\_\_\_

If the child is able to stick with school-work easily, pays attention in class, and shows good independence and organization throughout the day, at both home and school, check the blank above and skip this section.

0=Never            1=Rarely            2=Occasionally            3=Frequently            4=Very Frequently

Amen Questionnaire-used by permission of Dr. Daniel Amen	0	1	2	3	4
1. Is easily distracted					
2. Has difficulty sustaining attention span for most tasks in play, school, or work					
3. Has trouble listening when others are talking					
4. Has difficulty following through (procrastination) on tasks or instructions					
5. Has difficulty keeping an organized area (room, desk, book bag, filing cabinet, locker, etc.)					
6. Has trouble with time, for example, is frequently late or hurried, tasks take longer than expected, projects or homework are "last minute" or turned in late					
7. Has a tendency to lose things					
8. Makes careless mistakes, poor attention to detail					
9. Is forgetful					
10. Daydreams excessively					
11. Complains of being bored					
12. Appears apathetic or unmotivated					
13. Is tired, sluggish, or slow-moving					
14. Is spacey or seems preoccupied					
15. Is restless or hyperactive					
16. Has trouble sitting still					
17. Is fidgety, in constant motion (hands, feet, body)					
18. Is noisy, has a hard time being quiet					
19. Acts as if "driven by a motor"					
20. Talks excessively					
21. Is impulsive (doesn't think through comments or action before they are said or done)					
22. Has difficulty waiting his or her turn					
23. Interrupts or intrudes on others (e.g. butts into conversations or games)					
24. Worries excessively or senselessly					
25. Is super organized					
26. Is oppositional, argumentative					
27. Has a strong tendency to get locked into negative thoughts; has same thought over and over					
28. Has a tendency toward compulsive behavior					
29. Has an intense dislike for change					
30. Has a tendency to hold grudges					
31. Has trouble shifting attention from subject to subject					
32. Has difficulties seeing options in situations					
33. Has a tendency to hold on to own opinion and not listen to others					
34. Has a tendency to get locked into a course of action, whether or not it is good for him/her					
35. Needs to have things done a certain way or becomes very upset					
36. Others complain that he or she worries too much					
37. Has periods of quick temper or rages with little provocation					
38. Misinterprets comments as negative when they are not					

Amen Questionnaire-used by permission of Dr. Daniel Amen	0	1	2	3	4
39. Irritability tends to build, then explodes, then recedes; is often tired after a rage					
40. Has periods of spaciness or confusion					
41. Has periods of panic and/or fear for not specific reason					
42. Perceives visual changes, such as seeing shadows or objects changing shape					
43. Has frequent feelings of being somewhere before (déjà vu) even though they have not					
44. Is sensitive or mildly paranoid					
45. Has headaches or abdominal pain of uncertain origin					
46. Has a history of a head injury or a family history of violence or explosiveness					
47. Has dark thoughts, may involve suicidal or homicidal thoughts					
48. Has period of forgetfulness or memory problems					
49. Has a short fuse or periods of extreme irritability					
50. Is moody					
51. Is negative					
52. Has low energy					
53. Is frequently irritable					
54. Has a tendency to be socially isolated					
55. Has frequent feelings of hopelessness, helplessness, or excessive guilt					
56. Has lowered interest in things that are usually considered fun					
57. Undergoes sleep changes (too much or too little)					
58. Has chronic low self-esteem					
59. Is angry or aggressive					
60. Is sensitive to noise, light, clothes, or touch					
61. Undergoes frequent or cyclic mood changes (highs and lows)					
62. Is inflexible, rigid in thinking					
63. Demands to have his or her way, even when told no multiple times					
64. Has periods of mean, nasty, or insensitive behavior					
65. Has periods of increased talkativeness					
66. Has periods of increased impulsivity					
67. Displays unpredictable behavior					
68. Way of thinking is grandiose or "larger than life"					
69. Talks fast					
70. Feels that thoughts go too fast					
71. Appears anxious or fearful					

Please circle the setting(s) where these problems occur:                      Home                      School                      Community

Please comment on when these problems began, and whether they are getting better or worse:



**Signs of a Mood Disorder:**

No Concerns \_\_\_\_\_

If the child’s moods are generally predictable and understandable, and the child is able to handle the ups and downs of life in a manner typical for his or her age, please check the blank above and skip to the next section.

0=Never

1=Sometimes

2=Often

3=Very Often

Adapted from CMRS, Parent Version *Pavuluri, et al (2006) JAACAP 45(5):550-560*

Please consider it a problem if it is causing trouble and is beyond what is normal for your child's age. Otherwise, check '0' if the behavior is not causing trouble.

<b><i>Does your child....</i></b>	0	1	2	3
1. Have periods of feeling super happy for hours or days at a time, extremely wound up and excited, such as feeling “on top of the world”				
2. Feel irritable, cranky, or mad for hours or days at a time				
3. Thinks that he or she can be anything or do anything (e.g. leader, best basketball player, rap singer, millionaire, princess) beyond what is usual for that age				
4. Believes that s/he has unrealistic abilities or powers that are unusual, and may try to act upon them, which causes trouble				
5. Needs less sleep than usual; yet does not feel tired the next day				
6. Has gone for 24 hours completely without sleep and without feeling tired.				
7. Have periods of too much energy				
8. Have period when she or he talks too much or too loud or talks a mile-a-minute				
9. Have periods of racing thoughts that his or her mind cannot slow down, and it seems that your child’s mouth cannot keep up with his or her mind				
10. Talk so fast that he or she jumps from topic to topic and is hard to understand				
11. Rush around doing things nonstop				
12. Have trouble staying on track and is easily drawn to what is happening around him or her				
13. Do many more things than usual, or is unusually productive or highly creative				
14. Behave in a sexually inappropriate way (e.g. talks dirty, exposing, playing with private parts, masturbating, making sex phone calls, humping on dogs, playing sex games, touches others sexually)				
15. Go talk to strangers inappropriately, is more socially outgoing than usual				
16. Do things that are unusual for him or her that are foolish or risky (e.g. jumping off heights, ordering CDs with your credit cards)				
17. Have rage attacks, intense and prolonged temper tantrums				
18. Crack jokes or pun more than usual, laugh loud, or act silly in a way that is out of the ordinary				
19. Experience rapid mood swings				
20. Have any suspicious or strange thoughts				
21. Hear voices that nobody else can hear				
22. See things that nobody else can see				

Please circle the setting(s) where these problems occur:                      Home                      School                      Community

Please comment on when these problems began, and whether they are getting better or worse:

**Signs of being “out of touch with reality”:**

No Concerns \_\_\_\_\_

If the child is consistently aware of him or herself and the surroundings, has never shown signs of losing touch with reality, and has never made bizarre statements or talked “crazy”, and has never confused fantasy and reality please check the blank above and skip to the next section.

Otherwise please place an X along the [0----1----2----3] continuum to how true this statement is for your child.

	0	1	2	3
	Not at all true		Very true	
1. Reports seeing people that aren't there	0	1	2	3
2. Talks out loud when alone in room	0	1	2	3
3. Has an imaginary friend (after age 7 years)	0	1	2	3
4. Reports hearing “voices” that others don't hear, or when no one else is around	0	1	2	3
5. Reports that loudspeakers, televisions, or radios are speaking to him/her	0	1	2	3
6. Reports seeing ghosts, demons, or other imaginary beings	0	1	2	3
7. Can't tell fantasy from reality	0	1	2	3
8. Reports having scary thoughts or being afraid of his/her thoughts	0	1	2	3
9. Reports police cars or teachers are following him/her	0	1	2	3
10. Reports gruesome nightmares	0	1	2	3
11. Makes artwork or stories that are gruesome or bizarre	0	1	2	3
12. Reports that “someone” rearranges or moves his/her belongings	0	1	2	3
13. Reports activities (e.g. belonging to a gang, being abused) that aren't true	0	1	2	3
14. Worried that s/he is possessed by the devil	0	1	2	3
15. Believes s/he has super powers	0	1	2	3

Please circle the setting(s) where these problems occur: Home                      School                      Community

Please comment on when these problems began, and whether they are getting better or worse:



**Problems with authority, rebelliousness, defiance:**      No Concerns \_\_\_\_\_

If the child is not a “discipline problem,” generally obeys adult requests with minimal fuss, or generally tries to do the right thing and reliably follows rules, please check the blank above and skip this section.

Otherwise, please place an X along the [0---1---2---3] continuum to how true this statement is for your child.

	0	1	2	3
	Not at all true		Very true	
1. Loses temper frequently when asked to do things	0	1	2	3
2. Argues with adults	0	1	2	3
3. Actively defies or refuses to comply with adults' requests or rules, e.g. refuses to do chores at home	0	1	2	3
4. Deliberately does things to annoy others	0	1	2	3
5. Blames others for his or her own mistakes or behavior	0	1	2	3
6. Is touchy or easily annoyed by others	0	1	2	3
7. Is often angry and resentful	0	1	2	3
8. Is spiteful or vindictive	0	1	2	3

Please circle the setting(s) where these problems occur:    Home                      School                      Community

Please comment on when these problems began, and whether they are getting better or worse:

**Problems with behavior when angry:**                      No Concerns \_\_\_\_\_

If your child seems to handle anger appropriately without hurting people or breaking things, please check the blank above and skip to the next section.

Otherwise, please place an X along the [0---1---2---3] continuum to how true this statement is for your child.

	0	1	2	3
	Not at all true		Very true	
1. When my child is angry, s/he swears and/or calls me names	0	1	2	3
2. When my child is angry, s/he stomps on the floor and slams doors	0	1	2	3
3. When my child is angry, s/he breaks his things or trashes his room	0	1	2	3
4. When my child is angry, s/he breaks things that belong to others	0	1	2	3
5. When my child is angry, s/he throws things at people	0	1	2	3
6. When my child is angry, s/he hits, kicks, or attacks other people	0	1	2	3
7. When my child is angry, s/he hits, kicks, or attacks me	0	1	2	3
8. My child hits, kicks, or attacks her/his siblings	0	1	2	3
9. My child is mean to the family pets; pets are afraid of him/her	0	1	2	3
10. We've had to take steps to avoid letting our child hurt others in the family	0	1	2	3
11. We've had to call the police because of the child's behavior	0	1	2	3
12. My child will “carry a grudge” and get back at you later if s/he is angry	0	1	2	3
13. Sometimes I'm afraid of my child when s/he is angry	0	1	2	3

**Cigarettes, drugs, or alcohol:**

No Concerns \_\_\_\_\_

If you have no concerns about this topic for your child, please check the blank and skip to the next section.

Otherwise, please place an X along the [0---1---2---3] continuum indicating where your child falls.

	0	1	2	3
	Not at all true		Very true	
1. Smokes cigarettes	0	1	2	3
2. Has friends who drink alcohol or use drugs	0	1	2	3
3. Has tried beer, wine, or liquors	0	1	2	3
4. Have found bottles or drug paraphernalia in child's room or car	0	1	2	3
5. Used marijuana or other drugs	0	1	2	3
6. Have found aerosols or White-out in child's room	0	1	2	3
7. Has tried sniffing glue, gasoline, other chemicals	0	1	2	3
8. Has invited friends into the home who used drugs or alcohol	0	1	2	3
9. Has used or given away alcohol belonging to parents	0	1	2	3
10. Steals money from family members	0	1	2	3
11. Has taken valuable items from the home to trade for money, alcohol, or drugs	0	1	2	3
12. Has relatives that have had problems with alcohol or drug use in the past	0	1	2	3

What are your family values about the use of tobacco or alcohol by teens and young adults?

**Dangerous, destructive, or illegal behaviors**

No Concerns \_\_\_\_\_

If the child consistently obeys rules and laws, is generally mindful of the rights of other people, and respects the property and privacy of others, please check the blank above and skip this section.

Is the child currently on probation or facing legal charges? Yes No  
If "Yes", please explain:

Has the child been arrested or faced charges in the past? Yes No  
If "Yes", please explain:

Please place an X along the [0----1----2----3] continuum indicating where your child falls.

**These items apply to people outside of the family.** If your child bullies or steals only inside the family, please note below.

	0	1	2	3
	Not at all true			Very true
1. Bullies, threatens, or intimidates others	0	1	2	3
2. Starts physical fights	0	1	2	3
3. Used a weapon (club, knife, gun, or other)	0	1	2	3
4. Physically cruel to people	0	1	2	3
5. Physically cruel to animals	0	1	2	3
6. Stolen while confronting a victim (e.g. bullying, mugging, armed robbery)	0	1	2	3
7. Forced someone into sexual activity	0	1	2	3
8. Set a fire with intention to cause damage	0	1	2	3
9. Deliberately destroyed others' property (outside the family); vandalism	0	1	2	3
10. Broken into someone's locker, house, or car	0	1	2	3
11. Lies in a planned, callous way to get what s/he wants	0	1	2	3
12. Stolen items of value without confrontation (e.g. shoplifting)	0	1	2	3
13. Stays out late at night against home rules	0	1	2	3
14. Has stayed away from home overnight without permission	0	1	2	3
15. Skips school or is truant	0	1	2	3
16. Sometimes, I think my child has no moral conscience	0	1	2	3

Please comment on when these problems began, and whether they are getting better or worse:

**Personality:**



Please note that this scale has a different measurement than the previous scales

“Personality” is hard to define and measure. Personality is the unchanging temperament your child has, apart from symptoms, which can come and go.

**Please put an X on the lines at the balance point that best describes your child.**

<b>Emotional Style</b>		
Emotionally Reactive (anxious, thin-skinned, fretful, touchy, self-conscious, impulsive)	[----- ----- ----- ----- ----- ----- ----- ----- ----- ----- ----- -----]	Emotionally Stable (constant, firm, steadfast, balanced, unshakeable)
<b>Social Engagement</b>		
Active Style (warm, friendly, assertive, active, outgoing, enthusiastic)	[----- ----- ----- ----- ----- ----- ----- ----- ----- ----- ----- -----]	Passive Style (bashful, cautious, demure, modest, quiet, reclusive, shy)
<b>Curiosity</b>		
Open to New Experiences (curious, explorer, imaginative, intellectual, creative)	[----- ----- ----- ----- ----- ----- ----- ----- ----- ----- ----- -----]	Closed to New Experiences (prefers routine, practical, functional)
<b>Agreeableness</b>		
Agreeable (trusting, kind, cooperative, generous, compliant, warm)	[----- ----- ----- ----- ----- ----- ----- ----- ----- ----- ----- -----]	Antagonistic (aloof, cold, difficult, unappreciative)
<b>Conscientiousness</b>		
Conscientious (responsible, efficient, organized, dutiful, self-disciplined, ethical)	[----- ----- ----- ----- ----- ----- ----- ----- ----- ----- ----- -----]	Unconscientious (irresponsible, disorganized, lazy, careless, dishonest)

Please describe your child’s personality in your own words.

Does your child have hobbies or special interests? What?

**Other:**

Is there anything that we missed?

If we haven't asked about the types of problems that concern you about your child, please describe below:

**Questionnaire fatigue-Congratulations! You Finished!**

If you are the type of parent who is glad to reach the end of this questionnaire, please check this blank \_\_\_\_\_:)

**We really appreciate your time and thoughtful attention in giving us this information!**

**Please bring the completed questionnaire to your child's next appointment**

**Or email to:** [intake@bluestemcenter.com](mailto:intake@bluestemcenter.com)

**\*Caution:** email is not a secure means to transmit Personal Health Information

**Or FAX:** 507/282-0932

**Or mail:** Attention Intake  
Bluestem Center for Child and Family Development  
124 Elton Hills Lane NW, Rochester, MN 55901