

Parental Questionnaire for Children and Adolescent First Appointments

If you have any questions, please contact us on tel. 06126 99 59 -900, fax: 06126 99 59 -909

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Vitos kinder- und jugendpsychiatrische Ambulanz Idstein

You can return this questionnaire in a

Robert-Koch-Straße 2

window envelope.

65510 Idstein

Please ensure sufficient postage has been paid!

First name of the child: _____ **Name:** _____

Born on: _____ Post Code, place of residence: _____

Street: _____ Tel.: _____

Mobile: _____ Email: _____

Nationality: _____ Country of origin (if applicable): _____

Referring paediatrician or GP: _____

GP Address: _____

Health insurance provider: Statutory Private **Name of health insurance provider:** _____

Insured by: _____ Born: _____

Has the child been to our child and adolescent psychiatry unit before?

No If yes → Outpatient Inpatient



Who completed the questionnaire?

Name and surname: _____ Completed on: _____

Father Mother If other, who? _____

It would be helpful to have the following information for a successful consultation. Rest assured that this information will be kept **strictly confidential!**

Please mark the box next to the most appropriate statement. For some questions, more than one answer may be applicable at the same time; other questions may not apply to the child at all. You can also leave questions unanswered. There may not always be an appropriate answer. In such cases, please write your answers in a few words in the appropriate blank lines.

Any further questions can be addressed on the date of the clinic appointment. **If possible, both parents should accompany the child for the initial examination.** This allows you, your child or adolescent to describe your concerns together and to find suitable developmental solutions together with the therapists.

Thank you for your cooperation!

First of all, we would like to get an overview of why you have come to us.

I. Reasons for the appointment

1. **What are** your actual reasons for coming to our department? What behavioural or physical symptoms does the child display? *(Please describe in a few words)*

2. Do you remember **when** the behaviour / physical symptoms first started to occur?

- Very gradually, starting at the age of _____
- Very suddenly, starting at the age of _____

3. **Did anything** happen which you believe might be connected to this?

- No Yes → What?

4. **Is the** behaviour more or less frequent when the child is in certain places, at certain times of the day, in certain situations and / or in the presence of certain persons?

- No
- More frequent or greater, when:

- Less frequent or weaker, when:

5. **For whom** is this behaviour of the child the biggest problem, who suffers most?

6. So far, **how have** you reacted to the child's behaviour?

7. **How did** other people, who are important to the child (other parent, grandparents, nursery-school teachers, school teachers, etc.) react to this behaviour?

8. **Who recommended our services?** What are your expectations?

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16. **Age of the mother at the birth of the child:** _____
17. Were there any postnatal complications?
 No Yes → Which? _____
18. **Was** the child breastfed?
 No Yes → How long for? _____
19. **Development** in the first year (easy baby, lots of crying, regurgitation, failure to thrive, sleep disorders)

20. **Did the child** crawl? No Yes
21. **After how many months** did the child learn to walk? _____ months
22. **Was this followed** by any physio- or ergotherapeutic treatment / early support?
 No Yes → What and when? _____
23. **When did** the child learn to speak?
 First words: _____ 2-3 word sentences: _____ Whole sentences: _____
- 23a **Does** your child make mistakes in pronunciation and / or grammar? No Yes
- 23b **Can** you have a two-way conversation with your child? No Yes
- 23c **Did** your child have speech therapy?
 No Yes, from: _____ to: _____ because of: _____
24. **Does** the child have poor eyesight?
 No Yes, wears glasses since: _____ because of: _____
25. **Has** your child **had** a hearing test? No Yes → When? _____
 Does he/she have a hearing impairment? No Yes, in particular: _____
26. **Did** your child have any tantrums? No Yes, at the age of: _____
27. **When was** the child potty trained? _____
 When did he/she become potty trained during the day? _____
 When did he/she become dry through the night? _____
28. **Start** of puberty?
 Has not yet reached puberty At the age of: _____ First period at the age of: _____
29. **Does the child suffer** from a certain physical condition (seizures, etc.) or hereditary congenital diseases?
 No Yes → Since when, what kind? _____



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30. **Does the child take** medication regularly?

No Yes → Which ones? _____

31. **Has the child** ever been admitted to hospital?

No Yes → Age? Illness? Operation? _____

32. **Has the child** ever been in an accident?

No Yes → When? Type of accident? _____

33. **What** childhood illnesses has the child had? _____

34. Were there any **vaccination incidents**?

35. Is your child **intolerant** or allergic to medicines or substances?

No Yes → If yes, which? Penicillin Gluten Lactose Other

III. Preschool - School

36. **Preschool attendance:**

At the age of: _____ Did not go to preschool because: _____

37. **How is / was** his/her behaviour in preschool?

No problems Did not want to leave the mother

There are / were problems because: _____

38. **Did the child attend** preschool up until starting school? No Yes

Only if still a preschooler:

39. **The child is currently at** the following preschool

Regular preschool Special needs preschool Preschool for speech impairment

Forest kindergarten etc.

Name and address of the preschool: _____

If the child is not in school / preschool, you can skip questions 40 - 49.

40. The child currently attends the following school / type of school:

Preschool Primary school Secondary modern school Secondary school Grammar school

Comprehensive school Special needs school

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Name and address of the school:

As a comprehensive assessment of the child's family and social environment as well as his / her physical development are important, please answer the following questions.

41. Schooling:

Attended school from the age of: _____ years Early / late because of: _____

from to Type of school: Location:

from to Type of school: Location:

from to Type of school: Location:

Did the child repeat a year? Yes No

If yes, which one and why:

Did not attend school: From to

Reason?

42. Does the child like going to school?

- Yes
- Goes regularly
- Not sufficiently challenged
- Often skips school
- Does not want to go
- Is often missing because
- Is often late
- Is often anxious about going to school
- Too challenging



43. What particular school interests does the child have?

44. What subjects does the child struggle with?

45. Is there a risk the child might have to repeat the year?

No Yes, because: _____

46. What in particular do the teachers point out with regard to the child's performance and / or behaviour?

Please describe in a few words:

What do they praise, where is it positive? _____

Please describe in a few words: _____

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47. **How satisfied are you with how the child does his/her homework?**

Please rate from 1 (very good) to 6 (failed): _____

- Must often be encouraged to do homework
- Dawdles, does not concentrate
- Sloppy work
- The child needs constant help
- Forgets to mention homework
- Often refuses to do homework



48. **How long** does homework take? _____

49. **Who supervises** the child during homework? _____

IV. Free time - Friends - Abilities

50. **Is the child** in a children's group, youth group or club?

- No Yes, in: _____

51. **How would you rate** the child's contact with friends (outside preschool or school)?

- Plays with many children
- Has 1 or 2 good friends
- Has no friends
- Plays mainly with older children
- Plays mainly with younger children
- Has difficulties, because: _____



52. **What particular** penchants, hobbies does the child have?



53. **Where do you see** the child's special abilities?

54. **What does your child do in his/her free time?** My child:

- Meets up with friends
- Keeps busy with _____



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- Watches TV: For how many hours? _____
- Plays on the computer / games console: For how many hours? _____
- Plays with his/her mobile / smartphone: For how many hours? _____
- Spends a lot of time with adults
- Is bored

V. Other problem areas

There are now questions about different areas where children and adolescents **may** experience difficulties or problems in our experience. Please also answer these questions so that we can get a comprehensive picture.

55. **Is the child** often restless and / or does he/she struggle to pay attention?

- No / particularly when (please describe the activity / game, if applicable)

- Yes / since when? In what situations (at home, at school, free time)?

56. **Is the child** often defiant, and does he/she often annoy adults or children?

- No
- Yes → In what situations and to whom?
 - Only at home towards mother / father / siblings
 - Only at school, towards students / teachers
 - During free time
 - Generally



57. **Does** the child sometimes wet him/herself during the day or at night?

- No
- Yes → Was once dry for 6 consecutive weeks
 - Wets him/herself during the day, since: _____ approx.: _____ times per week
 - Wets him/herself during the night, since: _____ approx.: _____ times per week

Which medical examinations have taken place?

- Took / takes what medication? _____

58. **Does** the child sometimes soil himself/herself during the day or at night?

- No
- Yes → Soils him/herself during the day, since: _____ approx.: _____ times per week

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Soils him/herself during the night, since: _____ approx.: _____ times per week

Which medical examinations have taken place? _____

59. **Is the child** very aggressive or disobedient towards other people? By this we mean, for example, that he/she steals, often runs away, is involved in fights, uses objects to threaten others, deliberately damages other people's property, plays with fire, tortures animals, burgles, plays truant, has contact with the police, sexual assaults, etc.

No Yes → Please describe in a few words: _____

60. Does the child **drink** alcohol?

No Yes → What, how much and how often per week? _____

61. Does the child **smoke**?

No Yes → How often and how many per week? _____

62. Does the child **take** anything (medication, drugs) to influence his/her mood or to get high?

No Yes → What and how often/much per week? _____

63. Has there been a time when the child had a significant mood swing for a longer period of time?

No Yes → since when, how long? _____

Sad, depressed

Always cross, irritated, discontented with everyone and everything

Shows no interest in most things

Unreasonably happy

Sleeps a lot / not enough

Has difficulty concentrating

Feels guilty

Feels worthless

Please describe: _____



64. **Does the child** often mention wanting to commit suicide or self-harm; or has the child deliberately self-harmed or attempted suicide?

No Yes → Since when, how often? Please describe: _____

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65. **Is the child** very anxious or scared and/or is he/she sometimes panicky?

No Yes → Since when, how long? _____



Physical symptoms, e.g. heart palpitations

Separation anxiety: From whom? _____

Scared that something is going to happen to someone: To whom? _____

Scared of certain things: _____

Scared of certain places, e.g. shops, lifts, crowds: _____

Worried that he/she will have a panic attack

Very anxious, agitated, nervous when with other people

Please describe: _____

66. **Do you notice** your child compulsively repeating things, being excessively controlling, or does he/she act in a disturbed manner after certain routines or mention having recurring thoughts?

No Yes → Since when, how long? Please describe: _____

The child:

Is constantly washing his/her hands

Is always trying to control: _____

Keeps repeating: _____

Mentions ever-recurring thoughts, notions

Seems to worry more than the situation warrants:

What about? About whom? _____



67. **Do you** have the impression that the child is reminded of a very distressing or life-threatening event, that it was a victim of a violent act (serious bodily injury, sexual assault, rape, assault), a traffic accident or a natural disaster or that he/she has seen something like this happen to someone else?

No Yes → When, what? Please describe: _____

68. **Has there** ever been a time when the child has had peculiar or unusual experiences, such as hearing or seeing things that other people did not notice?

No Yes → When, what? Please describe:

69. **If possible**, please provide the height and weight of the child: ___ cm ___ kg

70. **Are you** happy with the weight?

- Yes
- Weighs too little
- Has lost too much weight: ___ kg within: _____
- Weighs too much
- Has gained too much weight: ___ kg within: _____

71. **Are you** worried about the child's eating habits?

No Yes → Since when? _____

The child:

- Eats too much
- Takes laxatives or diet pills
- Eats too little Vomits after meals
- Binge eats or has periods of the "munchies"



72. **How many hours** of sleep does your child generally get?

Duration of sleep at night: _____

- Problems falling asleep
- Problems staying asleep
- Frequent waking up at night
- Nightmares



73. **Does the child often complain** about physical discomfort?

No Yes → Since when, how often, in what situations? _____

The child has:

- Headaches: Frequency? _____
- Stomach aches, nausea, vomiting: Frequency? _____

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Ticks (blinking, shaking of head, shoulder shrugging, grimacing, constant clearing of throat, etc.) Frequency? _____

Vomits after meals

Other complaints: _____

74. **In the space below** please mention anything you deem of importance, about which we have not asked any questions.

VI. Family situation

75. **Name of the father** / Date of birth: _____

Education / Further education: _____

Current job: _____

76. **Name of the mother** / Date of birth: _____

Education / Further education: _____

Current job: _____

77. **Family situation:**

Mother and Father married since: _____

Mother/Father deceased since: _____

Mother/Father ill, disabled: _____

Separated / divorced since: _____

Custody is with: _____

Remarried, who, since? _____

Child born out of wedlock: _____

Child was adopted at the age of: _____

Foster child, since: _____

Child lived in a home from: _____ to _____



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77a. Grandparents

- Mother of the father, age: _____ Contact: Yes No
- Father of the father, age: _____ Contact: Yes No
- Mother of the mother, age: _____ Contact: Yes No
- Father of the mother, age: _____ Contact: Yes No

78. Who has mainly raised the child?

- Mother Father Grandparents
- Or: _____

79. What other people live with the child in the same household and exert an influence on the child's upbringing?

In the case of divorce or separation of the parents:

a) With whom does the child live?

- Mother Father Does not live with the parents, but with: _____

b) How often does the child have contact with the other parent?

- Not at all Every _____ weeks or _____ times yearly

80. Who looks after the child when he/she gets home from preschool/school?

81. Do the parents generally agree on how the child is brought up?

- Yes Often disagree Is not applicable as only one parent is raising the child

82. Does the child have to regularly do chores/work at home?

- No Yes → Which? _____

83. Siblings:

Name / Date of birth _____

School / Further education _____



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84. **Living conditions:**

Satisfactory: _____

Unsatisfactory, cramped conditions: _____

Child shares a room with: _____

Frequent moving: _____

85. **Financial situation:** Satisfactory Sufficient Onerous

86. **Has any one** of the child's family ever been treated as an outpatient or clinically for anxiety, depression, eating disorders, alcohol or other psychological problems? Or did someone have these problems, but never seek help for them?

No Yes → Who? (Please provide more details) _____

87. **Stress factors:** Are there or were there any stressful events that affect or affected your family? (such as illnesses, accidents or disabilities of relatives, death in the family...)

88. No Yes → Who? (Please provide more details)

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DECLARATION OF CONSENT

Sole parent

Joint parents

I agree to my child _____

being seen at the Vitos kinder- und jugendpsychiatrische Ambulanz Idstein, Robert-Koch-Str. 2, 65510 Idstein.

Date, signature of the mother entitled to custody: _____

Date, signature of the father entitled to custody: _____

*(Please note that we require the signature of **both** parents who have custody of the child)*

If the parents do not have custody of the child:

I agree to the child _____

being seen at the Vitos kinder- und jugendpsychiatrischen Wiesbaden, Eberleinstr. 48, 65195 Wiesbaden.

Date, signature of the person with custody of the child: _____

In order to ensure the proper care of your child, we generally send a report to the referring general practitioner (GP) or paediatrician.

We need your consent for this waiver from our duty of confidentiality:

RELEASE FROM CONFIDENTIALITY

As guardian of the child: _____

I hereby release the employees of the outpatient department of the Rheinhöhe Clinic in Idstein

from the obligation of confidentiality vis-a-vis the responsible GP/paediatrician.

Date, Place: _____

Signature: _____

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