

PARENT QUESTIONNAIRE

This Parent Questionnaire was designed by the Mental Health Assessment Team (MHAT) as a written interview that helps in gathering information in a way that is private and away from the understandable stress of a face to face interview, and will be used to supplement the information obtained during the face-to-face evaluation interview. It asks you to give background information about you, the parenting of your children, their care, their previous living situation and their current living situation. It also asks you to describe how you think about different aspects of your parenting and the parenting of the other party.

Your answers should be your own thoughts and your own words. Take your time. You want to help the evaluator understand your parenting history, how you see the other parent, and how you think about your role as a parent. If there is not enough room in the space provided, please feel free to continue on the back of the page. Please indicate the information you consider most crucial by marking "**XX**" next to it.

The term *other parent* is used throughout the Parent Questionnaire. In most instances, *other parent* refers to the child(ren)'s biological parent. If it is more appropriate to indicate that *other parent* refers to another caretaker such as stepparent, grandparent, an aunt or an uncle, please indicate the relationship.

This questionnaire is an important part of the assessment process and we ask that you complete and return by the date indicated below, using the enclosed stamped, self-addressed envelope. If you have any questions or concerns regarding its completion, please contact Jackie Metakes, MHAT Director, at 291-2140.

Please complete and return this questionnaire by _____.

GENERAL INFORMATION

Your name: _____ Age: _____ Birth Date: _____

Address: _____

Telephone Numbers:

Home: _____ Work: _____ Cell: _____

Social Security Number: _____

Persons Currently Living in Your Household	Age	Relationship to You

PERSONAL INFORMATION

Education History

School	Dates of Attendance	Degree or Reason for Leaving

Military Service

Enlistment Date	Date of Basic Training	Advanced Training	Position	Discharge Date	Type of Discharge

Employment History

Position	Employer	Year Started	Year Left	Reason for Leaving

Marriage History

Name of Spouse	Date of Marriage	Date of Separation	Date of Divorce

Residential History

Address	Dates	Reason for Leaving

Significant medical history:

Physician's name: _____ Phone: _____

Please list names, dosages, when taken and reason taken for all medications you take for physical health problems.

Mental Health/Substance Abuse Treatment History

Facility	Therapist	Dates of Treatment	Phone Number

Please list the diagnosis you were given during your treatment, if known and the names of mental health medications that you were prescribed.

Are you currently taking any mental health medication? Please list type, dosage and when taken.

Alcohol and Other Substance Use History

Substance	Age of first use	Date of last use	Frequency	Amount per use

Have you ever been charged with a DWAI, DWI, or DUI? When were you charged? What was the outcome?

Other Arrest History

Date Arrested	Charge	Convicted? (yes/no)	Sentence	Probation/Parole? (yes/no)

Probation/Parole Officer: _____ Phone: _____

CHILDHOOD AND FAMILY OF ORIGIN

Where and with whom did you live between the ages of 0-18? Please indicate how old you were when there were changes in where you lived or with whom.

Where do these family members live now, and what type and frequency of contact do you have with them?

How were you disciplined when you were a child?

How do you think the way you were raised and your childhood circumstances and experiences have affected your life as an adult, including your choices and behaviors?

INFORMATION ABOUT YOUR CHILDREN

Identifying Information

Name of Child	Date of Birth	Mother	Father	Subject of Court Case? (Yes/No)

School Attendance

Name of Child	Grade	Name of School	Telephone no.	Fax no.

Please list the special interests, talents, traits, abilities and skills that each child enjoys.

Who takes the child(ren) to after-school activities?

Please give the names of other adults and children outside of your household who have close relationships with your child(ren).

Name	Relationship to Child	Comments

How does each child do in school both academically and socially? Please note any learning disabilities/challenges.

Name, address, phone number and fax number of child(ren)'s physician(s).

Please explain any medical problems each of the children has been or is being treated for.

Please list names, dosages, when taken and reason taken for all medications taken by your child(ren) for physical health problems.

Who takes the child(ren) to doctor's appointments?

Child(ren)'s Mental Health Treatment

Child	Therapist	Dates of Treatment	Phone Number & Fax Number

For each child who has had mental health treatment, please describe the presenting problem and what medication has been prescribed.

Please list any services that you think your child(ren) could benefit from, related to speech, hearing, sight, other physical or psychological problems, developmental or educational delays, or addictions.

OVERVIEW OF CURRENT SITUATION

Please summarize the major issues/concerns of the current situation as you see it.

Please summarize what you think the other parent would describe as the major issues/concerns of the situation.

What have you told the children about the current situation?

YOUR RELATIONSHIP WITH THE OTHER PARENT

How long were you in a relationship with the other parent? How long did you live together? Were there prior separations?

Describe the types of disagreements you would have with the other parent.

Describe the approximate date, type, and amount of physical violence that occurred in your relationship with the other parent.

Were the Police involved? If so, please give the name of the Police Department with telephone number and fax number. How many times were the police involved? Please list the dates of any Orders of Protection issued against the abusing party.

What level of hostility existed between you and the other parent when you lived together? What did the hostility include?

None Mild Moderate Severe Life threatening

What level of hostility existed between you and the other parent during the period immediately following the separation? What did the hostility include?

None Mild Moderate Severe Life threatening

What level of hostility exists between you and the other parent at the present time?
What does the hostility include?

None Mild Moderate Severe Life threatening

What might the other parent say with regard to verbally abusive, coercive, intimidating, or aggressive behavior on your part toward the other parent, and why?

What concerns do you have about verbally abusive, coercive, intimidating, or aggressive behavior on the part of the other parent toward you, and why?

PARENTING BEHAVIORS

Describe the ways you and the other parent were able to successfully co-parent.

Do you consider the child(ren) to be at risk of physical or emotional harm with the other parent? If so, please describe.

Are there allegations or concerns that the other parent may have physically, emotionally, verbally or sexually abused the child(ren)? If so, please describe.

Are there allegations or concerns that anyone else has physically, emotionally, verbally or sexually abused the child(ren)? If so, please describe.

Have you been the subject of any Child Protective Services (CPS) report? YES NO
Was it FOUNDED/UNFOUNDED? Please describe, and include the date of incident and the name and telephone number of the caseworker.

What are your strengths as a parent?

In what ways could you be a better parent?

What are the other parent's strengths as a parent?

In what ways could the other parent be a better parent?

In what way do you discipline your child(ren)?

In what way does the other parent discipline the child(ren)?

PARENTING ATTITUDES, IDEAS, AND VALUES

What role do you believe the other parent should play in your child(ren)'s life?

How often should the other parent be allowed to spend time with your child(ren)?

Are there disagreements between you and the other parent about the following?

Education for the child(ren)	YES	NO
Religious affiliation or involvement for the child(ren)	YES	NO
Athletic or recreational activities for the child(ren)	YES	NO
Health care for the child(ren)	YES	NO

Please explain any YES responses:

Have any of the children lived with someone other than a parent? YES NO

If yes, please describe.

Please describe any plans you may have for moving or changing your living arrangements within the next 12 months.

Do you expect the other parent to move or have a change in living arrangements within the next 12 months? YES NO If yes, please describe.

CUSTODY AND VISTATION ISSUES

Describe any problems with the current visitation or residence arrangement.

Have you been involved in a previous evaluation by the Orange County Mental Health Assessment Team? If so when / the name of the case/ the name of the evaluator.

Have you received other professional evaluations, recommendations, or opinions regarding custody and visitation? YES / NO If yes, who provided the service, when, and what did they recommend?

Your attorney's name: _____ Phone: _____

Your child(ren)'s attorney: _____ Phone: _____

Describe what you believe to be the best custody and visitation arrangements for your child(ren).

Other issues that might be raised about the health and welfare of your child(ren):

Other information that you would like to have considered in this evaluation:

PLEASE CHECK ONE AND SIGN:

I have completed this questionnaire myself

I completed this questionnaire with the assistance of another person. (Please specify the name of the person and type of help)

Signed: _____ Date: _____

Please print your name: _____

PLEASE RETURN THIS QUESTIONNAIRE IN THE ENVELOPE PROVIDED