



## CCS Parent Questionnaire

Parent's/Caregiver's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

### **CURRENT CONCERNS:**

**Please check the areas below that you have concerns about your child.**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> short attention span            | <input type="checkbox"/> attention seeking              | <input type="checkbox"/> low self-esteem    |
| <input type="checkbox"/> impulsivity                     | <input type="checkbox"/> hyperactivity                  | <input type="checkbox"/> easily distracted  |
| <input type="checkbox"/> low frustration tolerance       | <input type="checkbox"/> noncompliance                  | <input type="checkbox"/> avoidance          |
| <input type="checkbox"/> oppositional behavior           | <input type="checkbox"/> social isolation               | <input type="checkbox"/> skipping school    |
| <input type="checkbox"/> aggression                      | <input type="checkbox"/> lying                          | <input type="checkbox"/> anxiety            |
| <input type="checkbox"/> setting fires                   | <input type="checkbox"/> obsessive/compulsive behaviors | <input type="checkbox"/> stealing           |
| <input type="checkbox"/> light, sound, touch sensitivity | <input type="checkbox"/> difficulty with transition     | <input type="checkbox"/> cruelty to animals |
| <input type="checkbox"/> overly shy/clingy to caregiver  | <input type="checkbox"/> headaches/stomachaches         |   |

Do you have any other behavioral concerns not listed above? \_\_\_\_\_

\_\_\_\_\_

Briefly describe your current concerns: \_\_\_\_\_

\_\_\_\_\_

When did you first notice these problems? \_\_\_\_\_

\_\_\_\_\_

For each of the following items, answer whether you see the behavior *never, sometimes, or often*:

- |   |                                |                                    |                                |
|---|--------------------------------|------------------------------------|--------------------------------|
| Is your child active?   | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| Does your child have difficulty sleeping?                         | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| Does your child have difficulty eating?                           | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| Does your child worry?  | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| Does your child cry easily?                                       | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| Does your child have difficulty with transitions?                 | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| Does your child have difficulty being away from parent/caregiver? | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| Can your child entertain himself/herself?                         | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| Does your child get angry easily?                                 | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| Does your child have temper tantrums?                             | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| Is your child shy or slow to warm up to new adults?               | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| Is your child shy or slow to warm up to new children?             | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| Does your child take dangerous risks?                             | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| Is your child affectionate?                                       | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| Is your child sad?  | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| Is your child happy?  | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |
| Is your child aggressive?   | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often |

If yes, does he/she:  hit  bite  push  other (describe: \_\_\_\_\_)

Please add any comments regarding the above: \_\_\_\_\_  
\_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_  
\_\_\_\_\_

What are your child's least favorite activities? \_\_\_\_\_  
\_\_\_\_\_

Describe your child's typical mood. \_\_\_\_\_  
\_\_\_\_\_

What about your child makes you most proud? \_\_\_\_\_  
\_\_\_\_\_