vitos Kurhessen

Parental Questionnaire for Children and Adolescent First Appointments

If you have any questions, please contact us on tel. 0561 -31 00 63 11 11

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Vitos Kinder- und Jugendambulanz für
psychische Gesundheit Kassel
Herkulesstraße 111
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Please *return this questionnaire in an envelope.*
Please ensure sufficient postage has been paid!

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

Born on: _____ Zip 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 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?

9. **Where else have you had any consultation with regards to this behaviour?**

☐ Psychology ☐ Occupational therapy ☐ Early support

☐ Speech therapy ☐ Physiotherapy ☐ Child and adolescent psychiatry

☐ Educational counselling ☐ Social pedagogy centre

Address:	From / to:	For what reason:

Please bring copies of relevant documents.

10. **What examinations/treatments have already taken place? (Please bring a copy of documents)**

_____

11. **What measures** (e.g. support measures) have been taken or recommended by these bodies?

Were they successful?

_____

12. **What do you like** most about the child?

_____

13. **What do you** absolutely not want to change with treatment?

_____

II. Physical and mental development of the child

14. **How was** your pregnancy?

☐ Normal

☐ Complications (such as pregnancy poisoning, illness of the mother, consumption of nicotine, alcohol/ drugs etc.)

_____

☐ Stresses (environmental illnesses, financial worries, conflicts relating to separation, etc.)

_____

15. **How was** the birth?

☐ Normal ☐ Premature Size at birth: _____ Birth weight: _____ Head circumference: _____

Weeks of gestation: _____APGAR scores: _ _ / _ _ / _ _ pH-value: _____

Complications: (Forceps, suction cup, caesarean, umbilical cord around the neck, blue in the face, etc.):

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? _____

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

☐ No ☐ Yes → Which ones? _____

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

☐ No ☐ Yes → Age? Illness? Surgery? _____

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

Name and address of the school:

_____

_____

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: _____

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 _____

☐ 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

☐ 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:

_____

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? _____

☐ 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 _____

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 _____

_____

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)

_____

_____

_____

DECLARATION OF CONSENT

☐ Sole custody ☐ Shared custody

I agree to my child _____

being seen at the Vitos Kinder- und Jugendambulanz für psychische Gesundheit Kassel, Herkulesstraße 111, 34119 Kassel.

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 Jugendambulanz Kassel, Herkulesstraße 111, 34119 Kassel.

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