

## PARENT SURVEY

NAME OF CHILD \_\_\_\_\_ DATE \_\_\_\_\_

1. HOW WOULD YOU DESCRIBE YOUR CURRENT FAMILY LIVING SITUATION?

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2. DOES YOUR CHILD GET ANGRY A LOT OR HAVE A SHORT FUSE?

YES       NO       DON'T KNOW

3. DOES YOUR CHILD HAVE PROBLEMS CONCENTRATING OR PAYING ATTENTION?

YES       NO       DON'T KNOW

4. HAS YOUR CHILD BEEN DEPRESSED OR HAD SUICIDAL THOUGHTS IN THE LAST SIX MONTHS?

YES       NO       DON'T KNOW

5. DOES YOUR CHILD USE ILLEGAL DRUGS OR ALCOHOL?

YES       NO       DON'T KNOW

6. DOES YOUR CHILD'S FRIENDS USE ILLEGAL DRUGS OR ALCOHOL?

YES       NO       DON'T KNOW

7. DOES YOUR CHILD HAVE PROBLEMS FEELING CLOSE TO PEOPLE OUTSIDE YOUR OWN FAMILY?

YES       NO       DON'T KNOW

8. DOES YOUR CHILD FEEL NERVOUS OR ANXIOUS A LOT?

YES       NO       DON'T KNOW

9. DOES YOUR CHILD NOT WANT TO GO TO SCHOOL ANYMORE?

YES       NO       DON'T KNOW

10. HAS YOUR CHILD GONE THROUGH A TRAUMATIC OR TERRIFYING EVENT?

YES       NO       DON'T KNOW

11. HAS YOUR CHILD RUNAWAY FROM HOME IN THE LAST (6) MONTHS?

YES       NO       DON'T KNOW

