

EXTENDED PARENT INTERVIEW

Name of Child _____

Interview Date _____

Interviewer _____

Informant _____

Reason for Referral:

Referral Source:

I. DEVELOPMENTAL FACTORS

A. Prenatal History

1. How was your health during pregnancy?
2. How old were you when your child was born?

Do you recall using any of the following substances or medications during pregnancy?

3. Beer or Wine

4. Hard Liquor

- _____ Never
- _____ Once or Twice
- _____ 3-9 times
- _____ 10-19 times
- _____ 20-39 times
- _____ 40- + times

- _____ Never
- _____ Once or Twice
- _____ 3-9 times
- _____ 10-19 times
- _____ 20-39 times
- _____ 40- + times

5. Coffee or other caffeine (Cokes, etc.)

Taken together, how many times?

- _____ Never
- _____ Once or Twice
- _____ 3-9 times
- _____ 10-19 times
- _____ 20-39 times
- _____ 40- + times

6. Cigarettes

- _____ Never
- _____ Once or Twice
- _____ 3-9 times
- _____ 10-19 times
- _____ 20-39 times
- _____ 40- + times

7. Did you ingest any of the following substances?

- _____ Valium (Librium, Xanax)
- _____ Tranquilizers
- _____ Antiseizure medications (e.g. Dilantin)
- _____ Treatment for diabetes
- _____ Antibiotics (for viral infections)
- _____ Sleeping pills
- _____ Other (please specify: _____)

B. ***Prenatal History***

1. Did you have toxemia or eclampsia?
2. Was there Rh factor incompatibility?
3. Was (s)he born on schedule? If not, how early or late?
4. What was the duration of labor?
5. Were you given any drugs to ease the pain during labor?
Name: _____
6. Were there indications of fetal distress during labor or during birth?
7. Type of delivery
8. What was the child's birth weight?

9. Were there any health complications following birth?
If yes, specify: _____

10. Were there early infancy feeding problems?

11. Was the child colicky?

12. Were there early infancy sleep pattern difficulties?

13. Were there problems with the infant's responsiveness (alertness)?

14. Did the child experience any health problems during infancy?

15. Did the child have any congenital problems?

16. Was the child an easy baby? By that, I mean did (s)he cry a lot?

_____ Very easy

_____ Easy

_____ Average

_____ Difficult

_____ Very Difficult

17. How did the baby behave with other people?

_____ More sociable than average

_____ Average sociability

_____ More unsociable than average

18. When (s)he wanted something, how insistent was (s)he?

_____ Very insistent

_____ Insistent

_____ Average

_____ Not very insistent

_____ Not at all insistent

19. How would you rate the activity level of the child as an infant/toddler?

_____ Very active

_____ Active

- _____ Average
- _____ Less active
- _____ Not active

C. ***Developmental Milestones***

1. At what age did (s)he sit up?
2. At what age did (s)he crawl?
3. At what age did (s)he walk?
4. At what age did (s)he speak single words (other than “mama” or “dada”)?
5. At what age did (s)he he string two or more words together?
6. At what age was (s)he toilet-trained (Bladder control)?
7. At what age was (s)he toilet-trained (Bowel control)?
8. Approximately how much time did toilet training take from onset to completion?

II. MEDICAL HISTORY

1. How would you describe his/her health?
2. How is his/her hearing? Date of last check-up?
3. How is his/her vision? Date of last check-up?
4. How is his/her gross motor coordination?
5. How is his/her fine motor coordination?
6. How is his/her speech articulation?
7. Has (s)he had any chronic health problems (e.g. asthma, diabetes, heart condition)?

If yes, please specify: _____

8. When was the onset of any chronic illness?

9. Which of the following illnesses has the child had?

Mumps

Chicken Pox

Measles

Whooping cough

Scarlet fever

Pneumonia

Encephalitis

Otitis media

Lead poisoning

Seizures

Other diseases (specify): _____

10. Has the child had any accidents resulting in the following:

Broken bones

Severe lacerations

Head injury with or without loss of consciousness or seizure

Severe bruising

Stomach pumped

Eye injury

Lost of teeth

Otitis media

Suture

Other, (specify) _____

11. How many accidents?

12. Has (s)he ever had surgery for any of the following conditions?

Tonsillitis

Adenoids

Hernia

Appendicitis

Eye, ear, nose & throat

Digestive disorder

Urinary tract

_____ Leg or arm

_____ Burns

_____ Other

13. How many times?

14 Duration of hospitalization?

15 Is there any suspicion of alcohol or drug use?

16 Is there any history of physical/sexual abuse?

17 Does the child have any problems sleeping?

18 Does the child sleep alone through the night?

19 Is the child a restless sleeper?

20 Does the child have bad dreams? Any repeated dreams?

21 Does the child have bed-wetting problems?

If yes, how frequently? _____

If yes, was (s)he ever continent at night? _____

Does (s)he have wetting problems during the day? _____

If yes, how frequently? _____

If yes, was (s)he ever continent during the day? _____

22. Does the child have bowel control problems at night?

If yes, how frequently? _____

If yes, was (s)he ever continent at night? _____

Does the child have bowl control problems during the day?

If yes, how frequently? _____

If yes, was (s)he ever continent during the day? _____

23. Does the child have any appetite control problems?

III. TREATMENT HISTORY

1. Has the child ever been prescribed any of the following:

- | | |
|----------------------------|------------------------------|
| _____ Ritalin | _____ Dexedrine |
| _____ Duration of use | _____ Duration of use |
| _____ Adderall | _____ Concerta |
| _____ Duration of use | _____ Duration of use |
| _____ Antidepressant drugs | _____ Antianxiety medication |
| _____ Duration of use | _____ Duration of use |
| _____ Anticonvulsant | _____ Antihistamines |
| _____ other | _____ Duration of use |

2. Has the child ever had any of the following forms of psychological treatment? If so, how long did it last?

- _____ Individual psychotherapy
- _____ Group psychotherapy
- _____ Family therapy with child
- _____ Inpatient evaluation/Rx
- _____ Residential treatment

IV. SCHOOL HISTORY

1. Please summarize the child's progress (e.g., academic, social testing) within each of these grade levels. Specify if any grades were repeated and if special education was received.

Preschool:

Kindergarten:

Grades 1 through 3

Grades 4 through 6

Grades 7 through 12

2. Has the child ever been in any type of special educational program, and if so, how long?

- Learning disabilities class
- Behavioral/emotional disorders class
- Resource room
- Duration of placement
- Speech & language therapy
- Other (please specify)

3. Has the child ever been:

- Suspended from school
- Number of suspensions
- Expelled from school
- Number of expulsions
- Retained in grade
- Number of retentions

4. What extra-curricular activities does the child participate in (e.g. what activities, how much enjoyed)?

5. Are the child's expectations realistic regarding his/her performance/competence in school and activities?

6. How does (s)he handle disappointment re: his/her expectations about his/her performance?

7. How does the child get along with his/her brothers/sisters?

- Doesn't have any
- Better than average
- Average
- Worse than average

8. How does the child make friends?

- Easier than average
- Average
- Worse than average
- Don't know

9. On the average, how long does your child keep friendships?

- Less than 6 month
- 6 months - 1 year
- More than a year

V. CURRENT BEHAVIORAL CONCERNS

Primary concerns

Other (related concerns)

1. What strategies have been implemented to address these problems? (Check which have been successful)

- Verbal reprimands
- Time out (isolation)
- Removal of privileges
- Rewards
- Physical punishment
- Acquiescence to child
- Avoidance of child

2. On the average, what percentage of the time does your child comply with initial commands?

- 0-20%
- 20-40%
- 40-60%
- 60-80%
- 80-100%

3. On average, what percentage of time does your child eventually comply with commands?

_____ 0-20%

_____ 20-40%

_____ 40-60%

_____ 60-80%

_____ 80-100

4. To what extent are you and your spouse consistent with respect to disciplinary strategies?

_____ Most of the time

_____ Some of the time

_____ None of the time

5. Have any of the following stressful events occurred within the past 12 months?

_____ Parent divorce or separated

_____ Family accident or illness

_____ Death in the family

_____ Parent changed job

_____ Changed schools

_____ Family moved

_____ Family financial problems

_____ Other (please specify)

VI. DIAGNOSTIC CRITERIA

1. Which of the following are considered a significant problem at the present time?

_____ Makes careless errors

_____ Has a short attention span

_____ Does not listen when spoken to

_____ Does not follow instructions

_____ Has difficulty organizing tasks and activities

_____ Avoids or dislikes homework

_____ Often loses things

- Is easily distracted
- Is often forgetful
- Fidgets or squirms excessively
- Has trouble remaining seated
- Runs or climbs inappropriately
- Is loud in play activities
- Is always "on the go"
- Talks excessively
- Blurts out answers before questions are completed
- Is impatient when required to wait turn
- Often interrupts what others are doing or saying

2. When did these problems begin? (Specify age): _____

3. Which of the following are considered a significant problem at the present time?

- Often loses temper
- Often argues with adults
- Often actively defies or refuses adult requests or rules
- Often deliberately does things that annoy other people
- Often blames others for own mistakes
- Is often touchy or easily annoyed by others
- Is often angry or resentful
- Is often spiteful or vindictive
- Often swears or uses obscene language

4. When did these problems begin? (Specify age): _____

5. Which of the following are considered a significant problem at the present time?

- Stolen without confrontation of a victim (e.g. broke into car)
- Run away from home overnight at least twice
- Lies often
- Deliberate fire setting
- Often truant
- Breaking and entering
- Destroyed other's property
- Cruel to animals
- Forced someone else into sexual activity
- Used a weapon in a fight
- Often initiates physical fights

_____ Stolen with confrontation (e.g. mugging)

_____ Physically cruel to people

6. When did these problems begin? (Specify age): _____

7. Which of the following are considered a significant problem at the present time?

_____ Unrealistic and persistent worry about possible harm to attachment figures

_____ Unrealistic and persistent worry that a calamitous event will separate the child from attachment figures

_____ Persistent school refusal

_____ Persistent refusal to sleep alone

_____ Persistent avoidance of being alone

_____ Repeated nightmares re: separation

_____ Somatic complaints

_____ Excessive distress when separated from home or attachment figures

8. When did these problems begin? (Specify age): _____

9. Which of the following are considered a significant problem at the present time?

_____ Unrealistic worry about future events

_____ Unrealistic concern about appropriateness of past behavior

_____ Unrealistic concern about competence

_____ Somatic complaints

_____ Marked self-consciousness

_____ Excessive need for reassurance

_____ Marked inability to relax

10. When did these problems begin? (Specify age): _____

11. Which of the following are considered a significant problem at the present time?

_____ Depressed or irritable mood most of the day, nearly every day

_____ Diminished pleasure in activities

_____ Decrease or increase in appetite assoc. with possible failure to make weight gain

_____ Insomnia or hypersomnia nearly every day

_____ Psychomotor agitation or retardation

_____ Fatigue or loss of energy

_____ Feelings of worthlessness or excessive inappropriate guilt

_____ Diminished ability to concentrate

_____ Suicidal ideation or attempt

12. When did these problems begin? (Specify age): _____

13. Which of the following are considered a significant problem at the present time?

_____ Depressed or irritable mood for most of the day x 1 yr.

_____ Poor appetite or overeating

_____ Insomnia or hypersomnia

_____ Low energy or fatigue

_____ Low self-esteem

_____ Poor concentration or difficulty making decisions

_____ Feelings of hopelessness

_____ Never without symptoms for under 2 months over a 1 year period

14. When did these problems begin? (Specify age): _____

15. Has the child exhibited any of the symptoms below?

_____ Stereotyped mannerisms

_____ Odd postures

_____ Excessive reaction to noise or fails to react to loud noises

_____ Overreacts to touch

_____ Compulsive rituals

_____ Motor tics

_____ Vocal tics

16. Has the child exhibited any of the symptoms of thought disturbance, including any of the following:

_____ Loose thinking (e.g. tangential ideas, circumstantial speech)

_____ Bizarre ideas (e.g., odd fantasies, delusions, hallucinations)

_____ Disoriented, confused, staring, or "spacey"

_____ Incoherent speech (mumbles, jargon)

17. Has the child exhibited any of the symptoms of affective disturbance, including any of the following:

_____ Excessive lability (eg, temper or excessively silly) without reference to environment

_____ Explosive temper with minimal provocation

- Excessive clinging, attachment, or dependence on adults
- Unusual fears
- Strange aversions
- Panic attacks
- Excessively constricted or bland affect
- Situationally inappropriate emotions

18. Has the child exhibited any of the symptoms of social contact disturbance, including the following:

- Little or no interest in peers
- Significantly indiscreet remarks
- Initiates or terminates interactions inappropriately
- Qualitatively abnormal social behavior
- Excessive reaction to changes in routine
- Abnormalities of speech
- Self-mutilation

VII. FAMILY HISTORY

1. How long have you and the child's father (mother) been married? (Please note whether the child was the product of the 1st, 2nd, etc. marriage).

- Never were married
- Separated
- Divorced
- Widowed
- Married for _____years
- Stable
- Unstable

2. How stable is your current marriage?

3. Have any family members, immediate or extended had any of the following problems?

_____ Learning problems

_____ Attentional problems

_____ Alcohol and/or drug problems

_____ Psychiatric problems

_____ Depression

_____ If so, which family member had which problems?

MATERNAL RELATIVES (answer these with reference to the patient or child's biological mother and her family's history) **(0= Negative; 1 = Positive)**

	Child's Mother	Mother's Mother	Mother's Father	Mother's Brother	Mother's Brother	Mother's Sister	Mother's Sister	Total
Problems with aggressiveness, defiance, & oppositional behavior as a child								
Problems with attention, activity, & impulse control as a child								
Learning disabilities								
Failed to graduate from high school								
Mental retardation								
Psychosis or schizophrenia								
Depression for greater than 2 weeks								
Anxiety disorder that impaired adjustment								
Tics or Tourette's								
Alcohol abuse								
Substance abuse								
Antisocial behavior (assaults, thefts, etc.)								
Arrests								
Physical abuse								
Sexual abuse								

PATERNAL RELATIVES (the child's biological father's family)

(0= Negative; 1 = Positive)

	Child's Father	Father's Mother	Father's Father	Father's Brother	Father's Brother	Father's Sister	Father's Sister	Total
Problems with aggressiveness, defiance, & oppositional behavior as a child								
Problems with attention, activity, & impulse control as a child								
Learning disabilities								
Failed to graduate from high school								
Mental retardation								
Psychosis or schizophrenia								
Depression for greater than 2 weeks								
Anxiety disorder that impaired adjustment								
Tics or Tourette's								
Alcohol abuse								
Substance abuse								
Antisocial behavior (assaults, thefts, etc.)								
Arrests								
Physical abuse								
Sexual abuse								

CHILD'S SIBLINGS (these refer to the child's brother and sisters)

(0= Negative; 1 = Positive)

	Child's Brother	Child's Brother	Child's Sister	Child's Sister	Total
Problems with aggressiveness, defiance, & oppositional behavior as a child					
Problems with attention, activity, & impulse control as a child					
Learning disabilities					
Failed to graduate from high school					
Mental retardation					
Psychosis or schizophrenia					
Depression for greater than 2 weeks					
Anxiety disorder that impaired adjustment					
Tics or Tourette's					
Alcohol abuse					
Substance abuse					
Antisocial behavior (assaults, thefts, etc.)					
Arrests					
Physical abuse					
Sexual abuse					

