

Application questionnaire (for the parents)

Date.:

The following questions require written responses. Some can be concise and others more elaborate.

The information herein contained will be treated confidentially and will be discussed with other professionals of our team. When you do not understand the question or it cannot be answered, then you may leave a blank.

We kindly request previous psychiatric and psychological assessment reports to be send along this questionnaire.

PERSONALIA

Name:

Date of birth:

Completed level of Education:

Profession:

Name of spouse/partner/significant other:

Date of birth:

Completed level of education:

Profession:

Name of mother:

Date of birth:

Completed level of education:

Profession:

Name of father:

Date of birth:

Completed level of education:

Profession:

What is the family situation? Are the you married, separated or living together? Are there other children from a previous marriage or relationship?

Children

1. Name:

Date of birth:

Education:

Living situation:

2. Name:

Date of birth:

Education:

Living situation:

3. Name:

Date of birth:

Education:

Living situation:

4. Name:

Date of birth:

Education:

Living situation:

Complaints, issues and general health

For which issue(s) did you apply? Try to describe them behaviorally and concretely as possible. In which situations do the problems arise? Which solutions have been tried?

What is the reason to apply now and not earlier?

With what do you like support and treatment? What changes do you desire to see?

When did the issue(s) begin? What are some possible causes?

What have you or others done to resolve the issue(s)?

What effect do the problems have on the family?

Are there issues regarding sleep, diet or exercise? What are your healthy habits, and what habits do you wish to change?

Who treated you before you applied here?

Name: _____ Profession: _____ Year: _____ Treatment: _____

Have there been traumatic incidents that have affected your well-being, like accidents, abuse, death, aggression or serious health problems?

How is your physical health? What is your medical history?

Are there any psychiatric disorders in the family (also considering extended family)?

Do you take medication? If so, what is the name and dose of the medication? When did the prescription begin?

Do you use drugs, alcohol or do you smoke cigarettes? If so, how much on a daily or weekly basis? How does this effect the family?

Developmental History:

How did the pregnancy and delivery go? Were there any difficulties? Did the birth occur in a hospital? If so, why and what hospital?

How was the contact after childbirth? How did your parents describe you as a baby?

Was there anything unusual during your early development? How did you eat and sleep?

How did the fine and gross motor skills develop? Did you develop according to the national milestones of your particular country of origin? Did you skip any phases in the motor development, like crawling?

Are there any particular sensitivities to stimuli, like sounds, touch or light? How was and is your arousal level? Are you tense or under aroused?

How did the speech language development go? Anything unusual?

How was your attention span and memory development? How did you compare to peers? If there are/were concentration and/or memory problems, then at what age did these emerge?

How was your social and emotional development? Did you engage in fantasy play? What were your interests as a child? Did you have friends, were you bullied?

Were there any behavioral problems, like defiance or aggression? Were you restless, fidgety, impulsive, always running around or excessively talkative?

How do you remember your family? Your parents and siblings? Were there important mentors, friends or teachers in your life?

Are there any further details?

Domain 1: Happiness and Life Satisfaction.

Overall, how satisfied are you with life as a whole these days?

- 0 = Not Satisfied at All, 10 = Completely Satisfied

In general, how happy or unhappy do you usually feel?

- 0 = Extremely Unhappy, 10 = Extremely Happy

Domain 2: Mental and Physical Health.

In general, how would you rate your physical health?

- 0 = Poor, 10 = Excellent

How would you rate your overall mental health?

- 0 = Poor, 10 = Excellent

Domain 3: Meaning and Purpose.

Overall, to what extent do you feel the things you do in your life are worthwhile?

- 0 = Not at All Worthwhile, 10 = Completely Worthwhile

I understand my purpose in life.

- 0 = Strongly Disagree, 10 = Strongly Agree

Domain 4: Character and Virtue.

I always act to promote good in all circumstances, even in difficult and challenging situations.

- 0 = Not True of Me, 10 = Completely True of Me

I am always able to give up some happiness now for greater happiness later.

- 0 = Not True of Me, 10 = Completely True of Me

Domain 5: Close Social Relationships.

I am content with my friendships and relationships.

- 0 = Strongly Disagree, 10 = Strongly Agree

My relationships are as satisfying as I would want them to be.

- 0 = Strongly Disagree, 10 = Strongly Agree

Domain 6: Financial and Material Stability.

How often do you worry about being able to meet normal monthly living expenses?

- 0 = Worry All of the Time, 10 = Do Not Ever Worry

How often do you worry about safety, food, or housing?

- 0 = Worry All of the Time, 10 = Do Not Ever Worry

Thank you for filling this questionnaire. If there are any comments or inquiries, please don't hesitate to contact us.