

## HEALTH QUESTIONNAIRE- Part 2

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Name of Client: \_\_\_\_\_

Name of Person Completing Questionnaire: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

How well does the client get along with siblings/other children in the home?

\_\_\_ Doesn't have any \_\_\_ Better than average \_\_\_ Average \_\_\_ Worse than average

How easily does the client make friends?

\_\_\_ Easier than average \_\_\_ Average \_\_\_ Worse than average \_\_\_ Doesn't have any

On average, how long does your child keep friendships?

\_\_\_ Less than 6 months \_\_\_ 6 months-1 year \_\_\_ More than 1 year \_\_\_ Don't know

What are your child's hobbies and interests? \_\_\_\_\_

What behavior interventions have been used successfully with the client? \_\_\_ Verbal reprimands

\_\_\_ Time out \_\_\_ Removal of privileges \_\_\_ Rewards \_\_\_ Spanking or other physical punishments

\_\_\_ Giving in to the client \_\_\_ Avoiding the client \_\_\_ Other (please explain) \_\_\_\_\_

On average, what percentage of the time does the client obey with initial requests?

\_\_\_ 0-25% \_\_\_ 26-50% \_\_\_ 51-75% \_\_\_ 76-100%

On average, what percentage of the time does the client *eventually* obey requests?

\_\_\_ 0-25% \_\_\_ 26-50% \_\_\_ 51-75% \_\_\_ 76-100%

Have any of the following stressors occurred within the last 12 months?

\_\_\_ client's parents divorced or separated \_\_\_ family accident or illness \_\_\_ death in family

\_\_\_ parent changed job \_\_\_ changed schools \_\_\_ family financial problems

Other, please explain: \_\_\_\_\_

Have any of the client's relatives (mother, father, siblings, grandparents) experienced any of the following:

Problems with aggressiveness, defiance, and oppositional behavior as a child     No     Yes    Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Problems with attention, activity, and control as a child     No     Yes    Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Learning disabilities:     No     Yes    Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Failed to graduate from high school     No     Yes    Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mental retardation     No     Yes    Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Psychosis or schizophrenia     No     Yes    Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Depression for greater than two weeks     No     Yes    Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anxiety disorder that impaired judgment     No     Yes    Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tics or Tourette's     No     Yes    Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alcohol Abuse/Alcoholism     No     Yes    Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Substance Abuse/Dependence     No     Yes    Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Antisocial behavior (assaults, thefts, incarceration, etc.)     No     Yes    Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Arrests     No     Yes    Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical Abuse (victim or perpetrator)     No     Yes    Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sexual Abuse  
(victim or perpetrator)

\_\_\_ No \_\_\_ Yes Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Traumas

\_\_\_ No \_\_\_ Yes Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which of the following are considered to be a significant problem at the present time? Please check all that apply and after each group, indicate at what age these problems began.

1.

- \_\_\_ Fidgets
- \_\_\_ Has difficulty staying seated
- \_\_\_ Is easily distracted
- \_\_\_ Has difficulty waiting for his/her turn
- \_\_\_ Often blurts out answers to questions before they have been completed
- \_\_\_ Has difficulty following instructions
- \_\_\_ Has difficulty sustaining attention
- \_\_\_ Shifts from one activity to another
- \_\_\_ Has difficulty playing quietly
- \_\_\_ Often talks excessively
- \_\_\_ Often interrupts or intrudes on others
- \_\_\_ Often does not listen
- \_\_\_ Often loses things
- \_\_\_ Often engages in physically dangerous activities

At what age did these problems begin? \_\_\_

2.

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

At what age did these problems begin? \_\_\_

3.

- \_\_\_ Steals without confrontation
- \_\_\_ Has run away from home overnight at least twice
- \_\_\_ Lies often
- \_\_\_ Has deliberately set fires
- \_\_\_ Often skips school
- \_\_\_ Has engaged in breaking and entering
- \_\_\_ Destroyed other's property
- \_\_\_ Is cruel to animals
- \_\_\_ Forced someone into sexual activity
- \_\_\_ Used a weapon in a fight
- \_\_\_ Often initiates physical fights
- \_\_\_ Is physically cruel to people

At what age did these problems begin? \_\_\_

4.

- \_\_\_ Has unrealistic and persistent worries about possible harm to family members or people client is close to
- \_\_\_ Has unrealistic and persistent worries that a disastrous event will separate the client from family members or people the client is close to
- \_\_\_ Often refuses to go to school
- \_\_\_ Often refuses to sleep alone
- \_\_\_ Often avoids being alone
- \_\_\_ Has repeated nightmares about separation
- \_\_\_ Complains of physical discomforts and problems more than usual
- \_\_\_ Has excessive distress in anticipation of separation from family members or people the client is close to
- \_\_\_ Has excessive distress when separated from home, family members, or people the client is close to

At what age did these problems begin? \_\_\_

5.

- \_\_\_ Has unrealistic worry about future events
- \_\_\_ Has unrealistic concern about appropriateness of past behavior
- \_\_\_ Has unrealistic concern about competence
- \_\_\_ Complains of physical discomforts and problems more than usual
- \_\_\_ Has increased self-consciousness
- \_\_\_ Has excessive need for reassurance
- \_\_\_ Has increased inability to relax

At what age did these problems begin? \_\_\_

6.

- \_\_\_ Exhibits depressed or irritable mood most of day, nearly every day
- \_\_\_ Exhibits decreased pleasure in activities
- \_\_\_ Exhibits decrease or increase in appetite
- \_\_\_ Is not able to sleep (insomnia) or sleeping more than usual
- \_\_\_ Exhibits psychomotor agitation or retardation
- \_\_\_ Shows fatigue or loss of energy
- \_\_\_ Has feelings of worthlessness or excessive inappropriate guilt
- \_\_\_ Has a diminished ability to concentrate
- \_\_\_ Exhibits suicidal ideation or attempt

At what age did these problems begin? \_\_\_

7.

- Exhibits depressed or irritable mood for most of the day for at least a year
- Exhibits decrease or increase in appetite
- Is not able to sleep (insomnia) or is sleeping more than usual
- Shows low energy or fatigue
- Exhibits low self esteem
- Has poor concentration or difficulty making decisions
- Has feelings of hopelessness
- Has not been without some of these symptoms for less than two months at any time over 1 year period

At what age did these problems begin? \_\_\_\_\_

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### ADHD RATING SCALE

Circle the number in the *one* column which best describes the client.

	Not at all	Just a little	Pretty Much	Very Much
1. Often fidgets or squirms in seat	0	1	2	3
2. Has difficulty remaining seated	0	1	2	3
3. Is easily distracted	0	1	2	3
4. Has difficulty awaiting turn in groups	0	1	2	3
5. Often blurts out answers to questions	0	1	2	3
6. Has difficulty following instructions	0	1	2	3
7. Has difficulty sustaining attention to tasks	0	1	2	3
8. Often shifts from one uncompleted activity to another	0	1	2	3
9. Has difficulty playing quietly	0	1	2	3
10. Often talks excessively	0	1	2	3
11. Often interrupts or intrudes on others	0	1	2	3
12. Often does not seem to listen	0	1	2	3
13. Often loses things necessary for tasks	0	1	2	3
14. Often engages in physically dangerous activities without considering consequences	0	1	2	3

Note: From *The ADHD Rating Scale: Normative Data, Reliability, and Validity* by G.J. DuPaul, 1990, unpublished manuscript, University of Massachusetts Medical Center, Worcester. Reprinted by permission of the author. This form may be reproduced for personal use.

## CHILD ATTENTION PROFILE

Place a check in the column which best describes the client for each description.

	Not True	Somewhat or Sometimes True	Very or Often True
1. Fails to finish things he/she starts	[ ]	[ ]	[ ]
2. Can't concentrate, can't pay attention for long	[ ]	[ ]	[ ]
3. Can't sit still, is restless or hyperactive	[ ]	[ ]	[ ]
4. Fidgets	[ ]	[ ]	[ ]
5. Daydreams or gets lost with his/her thoughts	[ ]	[ ]	[ ]
6. Impulsive or acts without thinking	[ ]	[ ]	[ ]
7. Difficulty following directions	[ ]	[ ]	[ ]
8. Talks out of turn	[ ]	[ ]	[ ]
9. Messy work	[ ]	[ ]	[ ]
10. Inattentive, easily distracted	[ ]	[ ]	[ ]
11. Talks too much	[ ]	[ ]	[ ]
12. Fails to carry out assigned tasks	[ ]	[ ]	[ ]

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Date Health Questionnaire Completed: \_\_\_\_\_

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Signature