

## DIAGNOSTIC PARENT INTERVIEW

### Family Dynamics

1. During pregnancy, was mother on medication drugs? If so, which ones?

2. During pregnancy, did mother smoke? If so, how much?

3. During pregnancy, did mother use alcoholic beverages? If so, how much?

4. During pregnancy, did mother take/use drugs? If so, what kind?

5. Were forceps used during delivery?

6. Was a Caesarean section performed?

7. Was the client premature/overdue? If so, by how many weeks or months? What was the child's birth weight?

Birth Weight

8. Were there any birth defects/complications? If so, what kind?

9. Were there any feeding problems? If so, what kind?

10. Were there any sleep problems? If so, what kind?

11. As an infant, was the client quiet?

12. As an infant, did the client like to be held?

13. As an infant, was the client alert?

14. Did the client have any difficulty gaining weight?

15. Were there any special problems in the growth and development of the client during the first few years? What kind?

The following is a list of infant and preschool behaviors. Please indicate the age at which the client first demonstrated each behavior. If you are not certain of the age, but have some idea, write the age followed by a question mark. If you don't remember the age at which the behavior occurred, please write a question mark.

<b>Showed response to parent</b>		<b>Dressed Self</b>	
<b>Rolled over</b>		<b>Became toilet trained</b>	
<b>Sat alone</b>		<b>Stayed dry at night</b>	
<b>Crawled</b>		<b>Fed self</b>	
<b>Walked alone</b>		<b>Used a spoon</b>	
<b>Babbled</b>		<b>Rode tricycle</b>	
<b>Spoke first word</b>		<b>Wrote name</b>	
<b>Put several words together</b>		<b>Tied shoe laces</b>	

<b>1. How would you characterize or describe client's, relationship with his/her father?</b>
<b>How well do they get along?</b>
<b>What do they disagree about?</b>
<b>2. How would you characterize or describe client's, relationship with his/her mother?</b>
<b>How well do they get along?</b>
<b>What do they disagree/argue about?</b>
<b>3. How would you characterized or describe client's, relationship with his/her stepparent?</b>
<b>How well do they get along?</b>

<b>What do they disagree/argue about?</b>
<b>3. How would you characterized or describe client's, relationship with his/her stepparent?</b>
<b>How well do they get along?</b>
<b>What do they disagree/argue about?</b>
<b>4. How would you characterize or describe client's, relationship with his/her siblings?</b>
<b>What do they disagree/argue about?</b>
<b>How well do they get along?</b>
<b>4. How would you characterize or describe client's, relationship with his/her siblings?</b>
<b>What do they disagree/argue about?</b>
<b>How well do they get along?</b>

<b>1. What is your occupation?</b>
<b>Spouse or significant other's occupation?</b>
<b>2. How long have you been married/together?</b>
<b>How old was the child when you get married/together?</b>
<b>3. How long have you been divorced/separated?</b>
<b>How old was the child when you got divorced/separated?</b>
<b>4. Is there a family history of mental illness or substance abuse?</b>

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**Academic Performance**

<b>1. How has your child done at school?</b>
<b>2. If any dramatic grade changes occurred, what was the reason?</b>
<b>3. Has your child ever received special services or been tested by the schools?</b>
<b>4. Has your child ever been held back a grade?</b>
<b>5. What does your child like or dislike about school?</b>

**Behavior Difficulties**

<b>1. Has your child had any behavior problems at school? What kinds? (if applicable, make sure interviewer asks about suspensions and expulsions)</b>
<b>2. Has your child had any behavior problems at home? What kinds?</b>
<b>3. What kinds of discipline has your child received? How do you reward your child when he/she does well?</b>
<b>4. Do your child's friends get into trouble? What kinds?</b>
<b>5. Has your child ever been involved in a gang or a cult?</b>

**Substance Abuse History** (Check if Not Applicable)

<b>1. Has your child ever used drugs or alcohol? (Which ones, if applicable)</b>
<b>2. At what age did your child begin to use substance(s)?</b>

<b>3. How often and how much does your child use substance(s)?</b>
<b>4. How has your child's use of drugs/alcohol affected the family?</b>
<b>Has it affected his/her schoolwork? If so, how?</b>
<b>5. On a scale from one (not addicted) to ten (strong chemical dependency), where would you rate your child?</b>

**Physical and Mental Health History**

<b>1. Is your child taking any medications? If so, which ones?</b>
<b>2. Has your child ever had any serious illnesses, injuries, or operations? If so, when?</b>
<b>3. Has your child ever been involved in counseling, groups, or testing before? If so, at which agencies and for what reason?</b>
<b>4. Has your child ever been physically, sexually, or emotionally abused? If so, explain.</b>
<b>5. On a scale from one (very depressed) to ten (very happy), how would you rate your child's usual mood?</b>
<b>6. On a scale from one (minor irritability) to ten (very angry) how angry is your child typically?</b>
<b>7. Day to day, how much does your child worry? What types of things does your child worry about?</b>
<b>8. Has your child ever had suicidal thoughts? If so, why and when did this occur? If your child having suicidal thoughts now?</b>

**Interpersonal Relations and Social Activities**

<b>1. Who is your child's best friend? How would you describe that friend?</b>
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**2. Do you approve of your child's friend?**

**3. Has your child become sexually active? If so, does he/she use contraceptives/protection?**

**4. What does your child do after school?**

**In the evenings?**

**On weekends?**

**5. Does your child have any hobbies or participate in sports?**