

Pediatric Intake Form (continued)

DRINKING AND DRUGS

In the past year have you ever had a drinking problem? Yes No

Have you tried to cut down on alcohol in the past year? Yes No

How many drinks does it take for you to get high or get a buzz? 1 2 3 4 5 6 7 Or more

Do you ever have five or more drinks at one time? Yes No

Have you ever had a drug problem? Yes No

Have you used any drugs in the last 24 hours? Yes No

If yes, which one(s)

Cocaine Heroin Methadone Speed Marijuana Other:

Are you in a drug or alcohol recovery program now? If yes, which one(s) Yes No

Would you like to talk with other parents who are dealing with alcohol or drug problems? Yes No

WHEN YOU WERE A CHILD

Did either parent have a drug or alcohol problem? Yes No

Were you raised part or all of the time by foster parents or relatives (other than your parents)? Yes No

How often did your parents ground you or put you in time out?
A. Frequently B. Often C. Occasionally D. Rarely E. Never

How often did your parents ridicule you in front of friends or family?
A. Frequently B. Often C. Occasionally D. Rarely E. Never

How often were you hit with an object such as a belt, board, hairbrush, stick, or cord?
A. Frequently B. Often C. Occasionally D. Rarely E. Never

How often were you thrown against walls or down stairs?
A. Frequently B. Often C. Occasionally D. Rarely E. Never

Do you feel you were physically abused? Yes No

Do you feel you were neglected? Yes No

Do you feel you were hurt in a sexual way? Yes No

Did your parents ever hurt you when they were out of control? Yes No

Are you ever afraid you might lose control and hurt your child? Yes No

Would you like more information about free parenting programs, parent hotlines, or respite care? Yes No

Would you like information about birth control or family planning? Yes No

FAMILY ACTIVITIES

How strong are your family's religious beliefs or practices?
A. Very strong B. Moderately strong C. Not strong D. N/A

Do you have a religious affiliation? If so, what is your religion?

How often do you read bedtime stories to your child?
A. Frequently B. Often C. Occasionally D. Rarely E. Never

How often does your family eat meals together?
A. Frequently B. Often C. Occasionally D. Rarely E. Never

What does your family do together for fun?

How often in the last week have you felt depressed?
0 1-2 3~ 5-7 days

In the past year, have you had two weeks or more during which you felt sad, blue, or depressed, or lost pleasure in things that you usually cared about or enjoyed? Yes No

Have you had two or more years in your life when you felt depressed or sad most days, even if you felt OK sometimes? Yes No

HELP AND SUPPORT

Whom can you count on to be dependable when you need help (just write their initials and their relationship to you):

A. No one D. _____ G. _____
B. _____ E. _____ H. _____
C. _____ F. _____ I. _____

How satisfied are you with their support?

A. Very satisfied C. A little satisfied E. Fairly dissatisfied
B. Fairly satisfied D. A little dissatisfied F. Very dissatisfied

Who accepts you totally, including both your best and worst points?

A. No one D. _____ G. _____
B. _____ E. _____ H. _____
C. _____ F. _____ I. _____

How satisfied are you with their support?

A. Very satisfied C. A little satisfied E. Fairly dissatisfied
B. Fairly satisfied D. A little dissatisfied F. Very dissatisfied

Whom do you feel truly loves you deeply?

A. No one D. _____ G. _____
B. _____ E. _____ H. _____
C. _____ F. _____ I. _____

How satisfied are you with their support?

A. Very satisfied C. A little satisfied E. Fairly dissatisfied
B. Fairly satisfied D. A little dissatisfied F. Very dissatisfied

Source: Adapted, with permission, from Kemper KJ, Kelleher KJ. 1996. Family psychosocial screening: Instruments and techniques. Ambulatory Child Health 1:325-339. (Ambulatory Child Health published by Blackwell Science, <http://www.blacksci.co.uk>.)