Community Counseling & Psychological Services 4900 California Avenue Tower B, Suite 330 Bakersfield, CA 93309

Name of Patient:

Date:

Parent/Family Questionnaire

- 1. How would you best describe your relationship with your child?
 - a. Positive and Satisfying
 - b. Positive but Strained
 - c. Often Frustrated
 - d. Neutral and Ambivalent
- 2. How frequently do you notice and reward your child's positive behaviors?
 - a. 10+ times/day
 - b. 5-10 times/day
 - c. 1-5 times/day
 - d. Almost Never
- 3. How frequently do you correct your child?
 - a. 10+ times/day
 - b. 5-10 times/day
 - c. 1-5 times/day
 - d. Almost Never
- 4. Ideally, what percent of the time would you expect your child to function at his/her full potential?
 - a. 100%
 - b. 75%
 - c. 50%
 - d. 25%
- 5. Currently, what percent of the time is your child functioning at his/her full potential?
 - a. 100%
 - b. 75%
 - c. 50%
 - d. 25%
- 6. How often do both parents agree upon parenting decisions (discipline, rewards, routine, etc.)?
 - a. 100%
 - b. 75%
 - c. 50%
 - d. 25%

Community Counseling & Psychological Services 4900 California Avenue Tower B, Suite 330

Bakersfield, CA 93309

- 7. How often do you follow through on parenting decisions?
 - a. 100%
 - b. 75%
 - c. 50%
 - d. 25%
- 8. How often do you monitor the status of your child's homework?
 - a. 100%
 - b. 75%
 - c. 50%
 - d. 25%
- 9. How often do you monitor the status of your child's schoolwork?
 - a. 100%
 - b. 75%
 - c. 50%
 - d. 25%

10. Are you satisfied with you role as a parent?

- a. 100%
- b. 75%
- c. 50%
- d. 25%

11. How often does your child respect or comply with your parenting authority?

- a. 100%
- b. 75%
- c. 50%
- d. 25%
- 12. Do you feel you are able to give "special time" daily to your child?
 - a. Yes
 - b. No
- 13. How often are you consistent with structure in your home to include: rules, limits, consistency?
 - a. 100%
 - b. 75%
 - c. 50%
 - d. 25%

Community Counseling & Psychological Services 4900 California Avenue Tower B, Suite 330 Bakersfield, CA 93309

14. How effective are consequences for inappropriate behavior with your child?

- a. 100%
- b. 75%
- c. 50%
- d. 25%

15. Do you feel the consequences may be too weak or too harsh?

- a. Yes
- b. No

16. Does your child feel misunderstood at times?

- a. Yes
- b. No
- 17. Parent Goals: specific to the parent/child relationship (i.e., praise 5x more/day, 15 minutes of special time/day)

18. Are there any areas you feel you need assistance or support in? If so, which ones?

- a. ______ b. ______ c. _____
- d. _____