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Clinic Parent Interview

The following questions are asked so that we can better understand you. This type of information is very helpful in making an accurate diagnosis and providing recommendations. Please read the questions carefully and answer as fully as possible. We will have the opportunity to discuss these questions in detail at the time of your appointment. Thank you.

PLEASE PRINT

DATE _____ PATIENT'S NAME _____

DOB _____ AGE _____ SSN _____

PERSON COMPLETING THIS FORM _____

DOB _____ SSN _____

HOME ADDRESS _____

HOME PHONE _____

WORK/CELL PHONE _____

MARITAL STATUS _____ SPOUSE'S NAME _____

OTHER GUARDIAN _____ PHONE _____

REFERRED BY: _____

ADDRESS: _____

PHONE: _____

May I have your permission to discuss your case with them? Yes No

I. DEVELOPMENTAL FACTORS

A. Prenatal History

1. How was the mother's health during pregnancy? Good ___ (1)
Fair ___ (2)
Poor ___ (3)
DK ___ (4)
2. How old was the mother when your child was born? Under 20 ___ (1)
20-24 ___ (2)
25-29 ___ (3)
30-34 ___ (4)
35-39 ___ (5)
40-44 ___ (6)
Over 44 ___ (7)
DK ___

Do you recall using any of the following substances or medications during pregnancy?

- | | |
|-------------------|-------------------|
| 3. Beer or wine | 4. Hard liquor |
| (1) Never | (1) Never |
| (2) Once or twice | (2) Once or twice |
| (3) 3-9 times | (3) 3-9 times |
| (4) 10-19 times | (4) 10-19 times |
| (5) 20-39 times | (5) 20-39 times |
| (6) 40+ times | (6) 40+ times |
-
- | | |
|--|-------------------|
| 5. Coffee or other caffeine (Coke, Pepsi, etc.)
Taken together, how many times? | 6. Cigarettes |
| (1) Never | (1) Never |
| (2) Once or twice | (2) Once or twice |
| (3) 3-9 times | (3) 3-9 times |
| (4) 10-19 times | (4) 10-19 times |
| (5) 20-39 times | (5) 20-39 times |
| (6) 40+ times | (6) 40+ times |
-
7. Did you ingest any of the following substances?
- ___ Valium (Librium, Xanax)
 - ___ Tranquilizers
 - ___ Antiseizure medications (e.g., Dilantin)
 - ___ Treatment for diabetes
 - ___ Antibiotics (for viral infections)
 - ___ Sleeping pills
 - ___ Other (please specify: _____)

B. Perinatal History

B. Perinatal History

8. Did you have toxemia or eclampsia? No ___ (0)
Yes ___ (1)
DK ___
9. Was there Rh factor incompatibility? No ___ (0)
Yes ___ (1)
DK ___
10. Was she/he born on schedule? 8 mon. or earlier ___ (1)
Term 8-10 mon. ___ (2)
10 mon. ___ (3)
DK ___
11. What was the duration of labor? Under 6 hrs. ___ (1)
7-12 hrs. ___ (2)
13-18 hrs. ___ (3)
19-24 hrs. ___ (4)
Over 24 hrs. ___ (5)
DK ___
12. Were you given any drugs to ease the pain during labor? No ___ (0)
Yes ___ (1)
DK ___
13. Were there indications of fetal distress during labor or during birth?
Name: _____ No ___ (0)
Yes ___ (1)
DK ___
14. Was deliver Normal? No ___ (0)
Yes ___ (1)
Breech? No ___ (0)
Yes ___ (1)
Caesarian? No ___ (0)
Yes ___ (1)
Forceps? No ___ (0)
Yes ___ (1)
Induced? No ___ (0)
Yes ___ (1)
15. What was the child's birth weight? 2-3 lbs. 15 oz. ___ (1)
4-5 lbs. 15 oz. ___ (2)
6-7 lbs. 15 oz. ___ (3)
8-9 lbs. 15 oz. ___ (4)
10-11 lbs. 15 oz. ___ (5)
DK ___
16. Were there any health complications following birth? No ___ (0)
Yes ___ (1)
If yes, specify: _____

C. Postnatal Period and Infancy

17. Were there any early infancy feeding problems? No ___ (0)
Yes ___ (1)
18. Was the child colicky? No ___ (0)
Yes ___ (1)
19. Were there early infancy sleep pattern difficulties? No ___ (0)
Yes ___ (1)
20. Were there problems with the infant's responsiveness (alertness)? No ___ (0)
Yes ___ (1)
21. Did the child experience any health problems during infancy? No ___ (0)
Yes ___ (1)
22. Did the child have any cognitive problems? No ___ (0)
Yes ___ (1)
23. Was the child an easy baby? By that I mean, did she/he cry a lot?
Did she follow a schedule fairly well? Very Easy ___ (1)
Easy ___ (2)
Average ___ (3)
Difficult ___ (4)
Very Diff. ___ (5)
24. How did the baby behave with other people? More sociable than average ___ (1)
Average sociability ___ (2)
More unsociable than average ___ (3)
25. When he/she wanted something, how insistent was he/she? Very insistent ___ (1)
Pretty insistent ___ (2)
Average ___ (3)
Less active ___ (4)
Not active ___ (5)

II. MEDICAL HISTORY

35. How would you describe his/her health? Very Good ___ (1)
Good ___ (2)
Fair ___ (3)
Poor ___ (4)
Very Poor ___ (5)
36. How is his/her hearing? Good ___ (1)
Fair ___ (2)
Poor ___ (3)
37. How is his/her vision? Good ___ (1)
Fair ___ (2)
Poor ___ (3)
38. How is his/her gross motor coordination? Good ___ (1)
Fair ___ (2)
Poor ___ (3)
39. How is his/her fine motor coordination? Good ___ (1)
Fair ___ (2)
Poor ___ (3)
40. How is his/her speech articulation? Good ___ (1)
Fair ___ (2)
Poor ___ (3)
41. Has he/she had any chronic health problems (e.g., asthma, diabetes, heart condition)? No ___ (0)
Yes ___ (1)
- If yes, please specify: _____
42. When was the onset of any chronic illness? Birth ___ (1)
0-1 yr. ___ (2)
1-2 yr. ___ (3)
2-3 yr. ___ (4)
3-4 yr. ___ (5)
Over 4 yr. ___
43. Which of the following illnesses has the child had? (For the following, 0 = No; 1 = Yes)
- | | |
|----------------|-----|
| Mumps | ___ |
| Chicken Pox | ___ |
| Measles | ___ |
| Whooping cough | ___ |
| Scarlet fever | ___ |
| Pneumonia | ___ |
| Encephalitis | ___ |
| Otitis media | ___ |
| Lead poisoning | ___ |

Other diseases (specify): _____ Seizures _____

44. Has the child had an accidents resulting in the following?
0 = No; 1 = Yes

Broken bones	_____
Severe lacerations	_____
Head injury	_____
Severe bruises	_____
Stomach pumped	_____
Eye injury	_____
Lost teeth	_____
Sutures	_____

Other (specify): _____

45. How many accidents?

One	_____
2-3	_____
4-7	_____
8-12	_____
Over 12	_____

46. Has he ever had surgery for any of the following conditions? (0 = No; 1 = Yes)

Tonsillitis	_____
Adenoids	_____
Hernia	_____
Appendicitis	_____
Eye, Ear, nose & throat	_____

47. How many times?

Once	_____ (1)
Twice	_____ (2)
3-5 times	_____ (3)
6-8 times	_____ (4)
Over 8 times	_____ (5)

48. Duration of hospitalization?

One day	_____ (1)
One day + night	_____ (2)
2-3 days	_____ (3)
4-6 days	_____ (4)
1-4 weeks	_____ (5)
1-2 mon.	_____ (6)
Over 2 mon.	_____ (7)

49. Is there any suspicion of alcohol or drug use?

No	_____ (0)
Yes	_____ (1)
DK	_____

50. Is there any history of physical/sexual abuse?

No	_____ (0)
Yes	_____ (1)
DK	_____

51. Does the child have any problems sleeping?

None	_____ (0)
Difficulty falling asleep	_____ (1)
Sleep continuity disturbance	_____ (2)

Early morning awakening _____ (3)

52. Is the child a restless sleeper? No _____ (0)
Yes _____ (1)
DK _____

53. Does the child have bladder control problems...at night? No _____ (0)
Yes _____ (1)

If yes, how often? _____

If yes, was (s)he ever continent? _____

...during the day? No _____ (0)

Yes _____ (1)

If yes, how often? _____

If yes, was (s)he ever continent? _____

54. Does the child have bowel control problems...at night? No _____ (0)
Yes _____ (1)

If yes, how often? _____

If yes, was (s)he ever continent? _____

...during the day? No _____ (0)

Yes _____ (1)

If yes, how often? _____

If yes, was (s)he ever continent? _____

55. Does the child have any appetite control problems? Overeats _____ (1)
Average _____ (2)
Undereats _____ (3)

III. TREATMENT HISTORY

56. Has the child ever been prescribed any of the following: (0 = No; 1 = Yes)

(Duration; coded in months)

Ritalin _____ Tranquilizers _____
Duration of use _____ Duration of use _____

Dexedrine _____ Anticonvulsants _____
Duration of use _____ Duration of use _____

Cylert _____ Antihistamines _____
Duration of use _____ Duration of use _____

Other prescription drugs _____

Duration of use _____

Specify: _____

57. Has the child ever had any of the following forms of psychological treatment?

If so, how long did it last?

Individual psychotherapy _____

Duration of therapy _____

Group psychotherapy _____

Duration of therapy _____

Family therapy with child _____

Duration of therapy _____

Inpatient evaluation/Rx _____

Duration of inpatient stay _____

Residential treatment _____

Duration of placement _____

IV. SCHOOL HISTORY

Please summarize the child's progress (e.g., academic, social, testing) within each of these grade levels:

Preschool

Kindergarten

Grades 1-3

Grades 4-6

Grades 7-12

58. Has the child ever been in any type of special educational program, and if so, how long?

Learning disabilities class _____
Duration of placement _____
Behavioral/emotional disorders class _____
Duration of placement _____
Speech & language therapy _____
Duration of therapy _____
Other (please specify) _____
Duration _____

59. Has the child ever been:

Suspended from school _____
Number of suspensions _____
Expelled from school _____
Number of expulsions _____
Retained in grade _____
Number of retentions _____

60. Have any additional instructional modifications been attempted?

None _____ (0)
Behavioral modification program _____ (1)
Daily /weekly report card _____ (2)
Other (please specify) _____ (3)

V. SOCIAL HISTORY

61. How does the child get along with his/her brothers/sisters?

Doesn't have any _____ (0)
Better than average _____ (1)
Average _____ (2)
Worse than average _____ (3)

62. How easily does the child make friends?

Easier than average _____ (1)
Average _____ (2)
Worse than average _____ (3)
DK _____ (4)

63. On the average, how long does your child keep friendships?

Less than 6 months _____ (1)
6 mon.-1 year _____ (2)
More than 1 year _____ (3)
DK _____

VI. CURRENT BEHAVIORAL CONCERNS

Primary Concerns

Other (related) concerns

64. What strategies have been implemented to address these problems? (Check which have been successful)

- Verbal Reprimands _____ (1)
- Time Out (isolation) _____ (2)
- Removal of privileges _____ (3)
- Rewards _____ (4)
- Physical punishment _____ (5)
- Acquiescence to child _____ (6)
- Avoidance of child _____ (7)

65. On the average, what percentage of the time does your child comply with initial commands?

- 0-20% _____ (1)
- 20-40% _____ (2)
- 40-60% _____ (3)
- 60-80% _____ (4)
- 80-100% _____ (5)

66. On the average, what percentage of the time does your child eventually comply with commands?

- 0-20% _____ (1)
- 20-40% _____ (2)
- 40-60% _____ (3)
- 60-80% _____ (4)
- 80-100% _____ (5)

67. To what extent are you and your spouse consistent with respect to disciplinary strategies?

- Most of the time _____ (1)
- Some of the time _____ (2)
- None of the time _____ (3)

68. Have any of the following stressful events occurred within the past 12 months?

- Parents divorced or separated _____ (1)
- Family accident or illness _____ (2)
- Death in family _____ (3)
- Parent changed job _____ (4)
- Changed schools _____ (5)
- Family moved _____ (6)
- Family financial problems _____ (7)
- Other (please specify) _____ (8)

VII. DIAGNOSTIC CRITERIA

69. Which of the following are considered to be a significant problem at the present time?
(0 = No; 1 = Yes)
- Fidgets _____
 - Difficulty remaining seated _____
 - Easily distracted _____
 - Difficulty awaiting turn _____
 - Often blurts out answers to questions before they have been completed _____
 - Difficulty following instructions _____
 - Difficulty sustaining attention _____
 - Shifts from one activity to another _____
 - 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 _____

70. When did these problems begin? (specify age): _____ Total = _____

71. Which of the following are considered to be a significant problem at the present time?
(0 = No; 1 = Yes)
- Often loses temper _____
 - Often argues with adults _____
 - Often actively defies or refuses adult requests or rules _____
 - Often deliberately does things that annoy other people _____
 - Often blames others for own mistakes _____
 - Is often touchy or easily annoyed by others _____
 - Is often angry or resentful _____
 - Is often spiteful or vindictive _____
 - Often swears or uses obscene language _____

72. When did these problems begin? (specify age): _____ Total = _____

73. Which of the following are considered to be a significant problem at the present time? (0 = No; 1 = Yes)
- Stolen without confrontation _____
 - Run away from home overnight at least twice _____
 - Deliberate fire-setting _____
 - Often truant _____
 - Breaking and entering _____
 - Destroyed others' property _____
 - Cruel to animals _____
 - Forced someone else into sexual activity _____
 - Used a weapon in a fight _____
 - Often initiates physical fights _____

74. When did these problems begin? (specify age): _____ Total = _____

75. Which of the following are considered to be a significant problem at the present time? (0 = No; 1 = Yes)

Unrealistic and persistent worry about possible
harm to attachment figures _____

Unrealistic and persistent worry that a calamitous
event will separate the child
from attachment figure _____

Persistent school refusal _____

Persistent refusal to sleep alone _____

Repeated nightmares re: separation _____

Somatic complaints _____

Excessive distress in anticipation
of separation from attachment figure _____

Excessive distress when separated
from home or attachment figures _____

76. When did these problems begin? (specify age): _____ Total = _____

77. Which of the following are considered to be a significant problem at the present time? (0 = No; 1 = Yes)

Unrealistic worry about future events _____

Unrealistic concern about appropriateness
of past behavior _____

Unrealistic concern about
competence _____

Somatic complaints _____

Marked self-consciousness _____

Excessive need for reassurance _____

Marked inability to relax _____

78. When did these problems begin? (specify age): _____ Total = _____

79. Which of the following are considered to be a significant problem at the present time? (0 = No; 1 = Yes)

Depressed or irritable mood most of the day,
nearly every day _____

Diminished pleasure in activities _____

Decrease or increase in appetite associated
with possible failure to make
weight gain _____

80. When did these problems begin? (specify age): _____ Total = _____

81. Which of the following are considered to be a significant problem at the present time? (0 = No; 1 = Yes)

Depressed or irritable mood for most
of the day X 1 yr. _____

Poor appetite or overeating _____

Insomnia or hypersomnia _____

Low energy or fatigue _____

Low self-esteem _____

Poor concentration or difficulty making decisions _____
 Feelings of hopelessness _____
 Never without symptoms for > 2 mon. over a 1-yr. period _____

82. When did these problems begin? (specify age): _____ Total = _____

VIII. OTHER CONCERNS

83. Has the child exhibited any of the symptoms below? (0 = No; 1 = Yes)

Stereotyped mannerisms _____
 Odd postures _____
 Excessive reaction to noise or fails to react to loud noises _____
 Overreacts to touch _____
 Motor tics _____
 Vocal tics _____
 Total = _____

(NOTE: The remaining questions in this section are optional.)

84. has the child exhibited any symptoms of thought disturbance, including any of the following? (0 = No; 1 = Yes)

Loose thinking (e.g., tangential ideas, circumstantial speech) _____
 bizarre ideas (e.g., odd fascinations, delusions, hallucinations) _____
 Disoriented, confused, staring, or "spacey" _____
 Incoherent speech (mumbles, jargon) _____
 Total = _____

85. Has the child exhibited any symptoms of affective disturbance, including any of the following: (0= No; 1= Yes)

Excessive lability without reference to environment _____
 Explosive temper with minimal provocation _____
 Excessive clinging, attachment, or dependence on adults _____
 Unusual fears _____
 Strange aversions _____
 Panic attacks _____
 Excessively constricted or bland affect _____
 Situationally inappropriate emotions _____
 Total = _____

86. Has the child exhibited any symptoms of social conduct disturbance, including the following?

(0 = No; 1 = Yes)

- Little or no interest in peers _____
- Significantly indiscreet remarks _____
- Initiates or terminates interactions inappropriately _____
- Qualitatively abnormal social behavior _____
- Excessive reaction to changes in routine _____
- Abnormalities of speech _____
- Self-mutilation _____

IX. FAMILY HISTORY

87. How long have you and child's father (mother) been married?

(Please note whether the child was the product of 1st, 2nd, etc. marriage.)

- Never were married _____ (1)
- Separated _____ (2)
- Divorced _____ (3)
- Widowed _____ (4)
- Married for ___yrs. _____ (5)

88. How stable is your current marriage?

- Stable _____ (1)
- Unstable _____ (2)

NOTES

PATERNAL RELATIVES

(THE CHILD'S FATHER SHOULD FILL THIS OUT-ANSWERING FOR HIMSELF UNDER "YOU" AND FOR HIS FAMILY.)

(0 = Negative; 1 = Positive)

	Siblings							
	YOU	Mother	Father	Bro	Bro	Sis	Sis	Total
Problems with aggressiveness, Defiance, & oppositional Behavior as a child								
Problems with attention, Activity, & impulse control As a child								
Learning disabilities								
Failed to graduate from High School								
Mental retardation								
Psychosis or schizophrenia								
Depression for greater than 2 weeks								
Anxiety disorder that Impaired adjustment								
Tics or Tourette's								
Alcohol Abuse								
Substance Abuse								
Antisocial behavior (assaults, thefts, etc.)								
Arrests								
Physical Abuse								
Sexual Abuse								

MATERNAL RELATIVES

(CHILD'S MOTHER SHOULD FILL THIS OUT-ANSWERING FOR HERSELF UNDER "YOU" AND FOR HER FAMILY.)

(0 = Negative; 1 = Positive)

	Siblings							
	YOU	Mother	Father	Bro	Bro	Sis	Sis	Total
Problems with aggressiveness, Defiance, & oppositional Behavior as a child								
Problems with attention, Activity, & impulse control As a child								
Learning disabilities								
Failed to graduate from High School								
Mental retardation								
Psychosis or schizophrenia								
Depression for greater than 2 weeks								
Anxiety disorder that Impaired adjustment								
Tics or Tourette's								
Alcohol Abuse								
Substance Abuse								
Antisocial behavior (assaults, thefts, etc.)								
Arrests								
Physical Abuse								
Sexual Abuse								

SIBLINGS**OTHER CHILDREN RELATED TO YOUR CHILDREN**

(0 = Negative; 1 = Positive)

	Siblings				Total
	Brother	Brother	Sister	Sister	
Problems with aggressiveness, Defiance, & oppositional Behavior as a child					
Problems with attention, Activity, & impulse control As a child					
Learning disabilities					
Failed to graduate from High School					
Mental retardation					
Psychosis or schizophrenia					
Depression for greater than 2 weeks					
Anxiety disorder that Impaired adjustment					
Tics or Tourette's					
Alcohol Abuse					
Substance Abuse					
Antisocial behavior (assaults, thefts, etc.)					
Arrests					
Physical Abuse					
Sexual Abuse					

ADHD RATING SCALE

Child's Name _____ Age _____ Grade _____
 Completed by _____

Circle the number in the one column that best describes the child.

	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.

HOME SITUATIONS QUESTIONNAIRE –REVISED

Name of Child _____ Date _____

Name of person completing this form _____

Does this child have problems paying attention or concentrating in any of these situations? If so, indicate how severe these attention difficulties are.

Situations

While playing alone	Yes	No	1	2	3	4	5	6	7	8	9
While playing with other children	Yes	No	1	2	3	4	5	6	7	8	9
Mealtimes	Yes	No	1	2	3	4	5	6	7	8	9
Getting dressed	Yes	No	1	2	3	4	5	6	7	8	9
While watching TV	Yes	No	1	2	3	4	5	6	7	8	9
When visitors are in your home	Yes	No	1	2	3	4	5	6	7	8	9
When you are visiting someone else	Yes	No	1	2	3	4	5	6	7	8	9
At church or Sunday school	Yes	No	1	2	3	4	5	6	7	8	9
In supermarkets, stores, restaurants, Or other public areas	Yes	No	1	2	3	4	5	6	7	8	9
When asked to do chores at home	Yes	No	1	2	3	4	5	6	7	8	9
During conversations with others	Yes	No	1	2	3	4	5	6	7	8	9
While in the car	Yes	No	1	2	3	4	5	6	7	8	9
When father is home	Yes	No	1	2	3	4	5	6	7	8	9
When asked to do school homework	Yes	No	1	2	3	4	5	6	7	8	9

Office Use Only: No. of problems _____ Mean severity _____

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