

# KDC-AIA Parent/Guardian Questionnaire

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The purpose of these questions is to help us choose the best ways to help your child. Please try to answer the questions honestly.

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1. What are your child's current living conditions?

- |                                   |   |
|-----------------------------------|---|
| 1=Both parents                    | 7=Foster home                                 |
| 2=Mother only                     | 8=Other family member (s) specify _____       |
| 3=Father only                     | 9=Friends                                     |
| 4=Stepparent                      | 10=Controlled environment (jail, rehab, etc.) |
| 5=Grandparent (s)                 | 11=Alone                                      |
| 6=Older sibling (s) specify _____ |   |

2. Do you think this particular child has a problem with alcohol or drugs?

0=NO      1=YES

3. Do you think any of your other children has a problem with alcohol or drugs?

0=NO      1=YES

4. Who is the primary disciplinarian in your household?

- |                |   |
|----------------|---|
| 1=Father       | 4=Other family member (s) specify _____ |
| 2=Mother       | 5=No one                                |
| 3=Both parents |   |

5. What type(s) of discipline are administered in your household? (*Circle all that apply*)

- a. Time out area
- b. Loss of privileges
- c. Corporal punishment (spanking, etc.)
- d. Verbal reprimand
- e. None
- f. Other, Specify: \_\_\_\_\_

6. Has this child ever threatened you in any way?

0=NO      1=YES

7. How do rate your relationship with this child?

- |             |            |
|-------------|------------|
| 1=Excellent | 4=Fair     |
| 2=Very Good | 5=Poor     |
| 3=Good      | 6=Very Bad |

8. How often is this child left alone or unsupervised by an adult?

- |                     |                                      |
|---------------------|--------------------------------------|
| 1=1-2 days per week | 4=7 days per week                    |
| 2=3-4 days per week | 5=A few hours during the day/evening |
| 3=5-6 days per week | 6=Not at all                         |

9. Has your child ever been in someone else's custody?

- 0=NO → **IF NO, SKIP TO #11**  
1=YES

10. If yes, when and why was this child in someone else's custody?

11. Have you ever been called to school because of this child's behavior?

- 0=NO → **IF NO, SKIP TO #14**  
1=YES

12. How often have you been called to school because of this child's behavior in the last year? \_\_\_\_\_ times

12a. How often in the last 3 months? \_\_\_\_\_ times

13. For what reason (s) were you called to school because of this child's behavior?

14. Has your child ever been diagnosed with a psychological or emotional disorder?

0=NO → **IF NO, SKIP TO #15**

1=YES

14a. If YES, what were they diagnosed with? (Please list all):

14b. Who diagnosed your child? (If there were multiple diagnosis, please list the most recent individual to give the diagnosis).

\_\_\_\_\_

14c. When were they last diagnosed? \_\_\_\_\_  
MM/YYYY

14d. Were medications prescribed? 0=NO      1=YES

14e. What medications has this child ever taken for psychological or emotional problems?

14f. Has this child ever been to counseling for psychological or emotional problems?      0=NO      1=YES

14g. Where did this child go to counseling? \_\_\_\_\_

15. Is your child currently taking any prescribed medications? 0=NO      1=YES

If YES, what are they taking? \_\_\_\_\_

Who prescribed this medication? \_\_\_\_\_

16. The next few questions ask about you:

	NO 0	YES 1
Do you or have you ever had a problem with alcohol or drugs?	0	1
Have you ever been treated for substance abuse?	0	1
Have you ever been treated for psychological or emotional problems?	0	1

17. Has anyone in your family ever committed suicide?

0=No → **IF NO, SKIP TO #19**  
1=Yes

18. Who and when did the person (s) commit suicide?

19. Have you noticed any of the following behaviors in your child in the past 30 days? *(Circle all that apply)*

- a. Violent behavior
- b. Depression or anxiety
- c. Changes in eating habits
- d. Changes in sleeping habits
- e. Isolation from friend and/or family
- f. Skipping school
- g. Any odors of alcohol or drugs

20. Do you have any other comments about this child you would like to make?

## Problem Oriented Screening Instrument for Parents (POSIP)

The purpose of these questions is to help us choose the best ways to help your child. Please try to answer the questions honestly. Please answer all of the questions. If a question does not fit your child exactly, pick the answer that is mostly true. Many of the questions ask for your own opinion regarding you child's level of involvement with alcohol or other drugs. Please respond to the best of your knowledge.

PLEASE ANSWER THE FOLLOWING QUESTIONS	CIRCLE ONE	
1. Does your child have so much energy that he/she doesn't know what to do with it?	YES	NO
2. Does your child brag?	YES	NO
3. Does your child get into trouble because he/she uses drugs or alcohol at school?	YES	NO
4. Would your child's friends get bored at parties when there is no alcohol served?	YES	NO
5. Do you and your spouse argue a lot?	YES	NO
6. Does your child seem tired often?	YES	NO
7. Does your child seem to be easily frightened?	YES	NO
8. Does your child seem to get frustrated easily?	YES	NO
9. Has your child ever threatened to hurt people?	YES	NO
10. Would you describe your child as a loner?	YES	NO
11. Does your child swear or use dirty language?	YES	NO
12. Do you approve of your child's friends?	YES	NO
13. Do you think your child has lied to anyone in the past week?	YES	NO
14. Do you refuse to talk with your child when you are mad at him/her?	YES	NO
15. Does your child rush into things without thinking about what could happen?	YES	NO
16. Has your child accidentally hurt him/herself or someone else while high on alcohol or drugs?	YES	NO
17. To your knowledge does your child have friends who damage or destroy things on purpose?	YES	NO
18. Do you usually know where your child is and what he/she spends too much money on drugs or alcohol?	YES	NO
19. Do you think your child misses out on activities because he/she spends too much money on drugs or alcohol?	YES	NO
20. Do you and your child do lots of things together?	YES	NO
21. Does your child appear to be nervous most of the time?	YES	NO
22. To your knowledge has your child ever stolen things?	YES	NO
23. Have you ever been told that your child is hyperactive?	YES	NO
24. Do you ever feel that your child is addicted to alcohol or drugs?	YES	NO
25. Does your child act as if others are against him/her?	YES	NO
26. Do you think your child's friends bring alcohol or other drugs to parties?	YES	NO
27. Does your child get into fights a lot?	YES	NO
28. Does your child have a hot temper?	YES	NO
29. Do you pay attention when your child talks with you?	YES	NO

PLEASE ANSWER THE FOLLOWING QUESTIONS	CIRCLE ONE	
30. Does your child seem to need more and more drugs or alcohol to get the effect he/she wants?	YES	NO
31. Do you have rules about what your child can and cannot do?	YES	NO
32. Is your child stubborn?	YES	NO
33. Does your child have trouble getting his/her mind off things?	YES	NO
34. To your knowledge has your child ever threatened anyone with a weapon?	YES	NO
35. Would your child ever leave a party because there is no alcohol or drugs?	YES	NO
36. Do you know how your child really thinks or feels?	YES	NO
37. Does your child often act on the spur of the moment?	YES	NO
38. Do you think your child has a constant desire for alcohol or drugs?	YES	NO
39. Does your child hear things no one else around him/her hears?	YES	NO
40. Does your child have trouble concentrating?	YES	NO
41. Do you and your child have frequent arguments which involve yelling and screaming?	YES	NO
42. Has your child had a car accident while on alcohol or drugs?	YES	NO
43. Does your child seem to forget things he did while drinking or using drugs?	YES	NO
44. To your knowledge has your child driven a car while drunk or high during the past month?	YES	NO
45. Is your child louder than other kids?	YES	NO
46. Are most of your child's friends younger than he/she is?	YES	NO
47. To your knowledge has your child ever intentionally damaged someone else's property?	YES	NO
48. Does your child like talking with you and being with you?	YES	NO
49. Has your child ever spent the night away from home when you didn't know where he/she was?	YES	NO
50. Is your child suspicious of other people?	YES	NO
51. Has your child cut school at least 5 days in the past year?	YES	NO
52. Have you ever noticed a mood swing in your child which you could attribute to alcohol or drug use?	YES	NO
53. Does your child seem sad most of the time?	YES	NO
54. Has your child ever missed school or arrived late for school because of his/her alcohol or drug use?	YES	NO
55. Do your child's family or friends ever tell him/her that he/she should cut down on his/her drinking or drug use?	YES	NO
56. Does your child have serious arguments with friends or family members because of his/her drinking or drug use?	YES	NO
57. Does your child tease others a lot?	YES	NO
58. Does your child have trouble sleeping?	YES	NO
59. Does your child's alcohol or drug use ever make him/her do something he/she would not normally do-like breaking rules, missing curfew, breaking the law or having sex with someone?	YES	NO
60. Do you think your child loses control and gets into fights?	YES	NO
61. To your knowledge has your child skipped school during the past month?	YES	NO
62. Does your child have trouble getting along with any of his/her friends because of his/her alcohol or drug use?	YES	NO

<b>PLEASE ANSWER THE FOLLOWING QUESTIONS</b>	<b>CIRCLE ONE</b>	
63. Does your child have a hard time following directions?	YES	NO
64. Does your child have friends who have hit or threatened hit someone?	YES	NO
65. Do you ever think your child can't control his/her alcohol or drug use?	YES	NO
66. Do you have a pretty good idea of your child's interests?	YES	NO
67. Do you and your spouse usually agree about how to handle you child?	YES	NO
68. Do your child's friends cut school a lot?	YES	NO
69. Does your child worry a lot?	YES	NO
70. Does your child often feel like he/she wants to cry?	YES	NO
71. Is your child afraid to be around people?	YES	NO
72. To your knowledge does your child have friends who have stolen things?	YES	NO
73. Is your child restless and can't sit still?	YES	NO
74. Does your child scream a lot?	YES	NO
75. Are most of your child's friends older than your child?	YES	NO

*Thank you for taking the time to answer the questions.*