

Empowering Parents
*Psychotherapy * Divorce Related Issues * High Conflict Co-Parenting
668 SE Bayberry Lane, Suite 101
Lees Summit, MO 64063

Parent Questionnaire

Please fill out this questionnaire as completely as possible and bring the completed form to our first meeting. All information given here will be kept confidential and will not be released without your written permission unless required by law.

YOUR NAME _____

TODAY'S DATE _____

DATE OF FIRST MEETING _____

REFERRED BY _____

MAILING AD.DRESS _____

MALE FEMALE AGE _____

CITY _____ STATE _____ ZIP _____

PHONE-HOME: _(_____) _____

E-MAIL: _____ PHONE-OFFICE: (_____) _____

NAME OF ATTORNEY _____

PHONE _____

ATTORNEY ADDRESS _____

YOUR OCCUPATION (or former occupations , if retired) _____

No. of hours worked avg. per week _____

Do you travel out of town for business? No Yes, _____ a month/avg.

HIGHEST GRADE/DEGREE OR TRAINING: _____

PERSON AND PHONE TO CALL IF AN EMERGENCY OCCURS IN THE OFFICE: _____

CURRENT MARITAL STATUS, (please circle all that apply)

*Single Married Separated Divorced Remarried Living with Partner
Not living with a partner*

IF MARRIED, NAME OF SPOUSE _____

NAME OF PERSONAL THERAPIST _____

NAME OF CHILD THERAPIST _____

CIRCLE ANY OF THE FOLLOWING THAT YOU BELIEVE NEED ATTENTION ? Circle as many as apply

Parenting Plan Modify an existing Parenting Plan Sharing time

Custody Moving away Parents' communications with Children Parenting styles

Parenting effectiveness Boundaries between homes House rules Parenting relationship

Co-Parenting Stepparent Relationship Remarriage Dating Grandparents Relatives

(write in) _____

Answers to the following questions are required

ARE YOU NOW OR HAVE YOU EVER BEEN INVOLVED ANY OF THE FOLLOWING (Please circle Yes or No).

1. A child protective services investigation for alleged neglect, physical or sexual abuse?
No Yes.

2. A domestic dispute where there were weapons, injury, or where the police were called?
No Yes

3. Is there now or has there been over the past five years, a restraining order because of domestic violence, harassment, stalking, abuse, or threats?
No Yes

4. Past or present drug or alcohol abuse? No Yes

5. Suicide attempt(s), clinical depression, or violent behavior? No Yes
6. Past or present legal or litigation history such as arrests, incarcerations, criminal litigation?
No Yes
7. Do you feel that your child is safe alone with the other parent? No Yes

WHAT DO YOU HOPE TO ACHIEVE WITH CO-PARENTING COUNSELING?

IS THERE AN IMMEDIATE CRISIS OR ISSUES YOU WANT ADDRESSED AS SOON AS POSSIBLE?

WHAT ONE OR TWO ACTION STEPS OR UNDERSTANDINGS WOULD YOU LIKE TO HAVE AS SOON AS POSSIBLE?

WHAT DO YOU WANT TO BE SURE IS DISCUSSED IN DETAIL?

HOW COMFORTABLE ARE YOU BEING IN THE SAME ROOM WITH THE OTHER PARENT?

CAN YOU BE AT THE SAME EVENT AT THE SAME TIME AT A CHILD'S ACTIVITY OR SCHOOL FUNCTION?

Please describe briefly.

WHAT STRENGTHS DO YOU VALUE IN THE OTHER PARENT AS A PARENT?

DO YOU BELIEVE THE CHILDREN LOVE THE OTHER PARENT? YES NO OTHER,
write in_

DO YOU BELIEVE THE CHILDREN CAN COUNT ON THE OTHER PARENT?
YES MOST OF THE TIME NOT OFTEN NO

WHAT BEHAVIOR OR ATTITUDE EXHIBITED BY THE OTHER PARENT SEEMS TO
CAUSE THE MOST DIFFICULTLY FOR YOU AS A PARENT OR FOR A CHILD?

WHAT BEHAVIORS DO YOUR CHILDREN HAVE THAT ARE TROUBLESOME OR
DISRUPTIVE?

Please
give a separate answer for each child.

- 1.
- 2.
- 3.

DO ANY OF YOUR CHILDREN HAVE SPECIAL NEEDS OR DISPLAY SIGNS OF
ANXIETY, DEPRESSION, DANGEROUS OR UNCHARACTERISTIC BEHAVIORS?

EVEN IF YOUR CHILD DISPLAYS NO OUTWARD SIGNS OF DISTRESS, DO YOU
HAVE CONCERNS?

WHO MADE THE DECISION TO SEPARATE OR DIVORCE ? (Circle your answer)

More my idea More my partners idea By mutual agreement

ARE YOU DATING OR LIVING WITH SOMEONE? (Please circle as many as apply)

*Not Dating Dating Dating one person steadily In a committed relationship Engaged
Living with someone*

HAVE YOU REMARRIED? NO YES, SPOUSE'S NAME IS

DATE OF MARRIAGE? _____

STEPCHILDREN? No Yes, Names and ages

CHILDREN BY THIS MARRIAGE? No Yes.

YOUR TIME WITH YOUR CHILD NOW ARE YOU LIVING WITH THE OTHER PARENT NOW? YES NO IF NO, Please describe the current arrangement

briefly below:

A. Current Arrangement

School week?

_____ •

Weekends? _____

Holidays?

Summer

vacations? _____

_____ Children's activities—your involvement?

_____ Child care—hours of the week, where, with whom?_

B. How do you and the other parent make important decisions now for your child about medical care, schooling, or religion?

(circle as many as apply)

- We discuss most or all important decisions
- We divide the decision making depending what it might be (example: one parent handles medical, another education)
- ' One of us (mother? father?) makes most of the decisions
- We don't often discuss decisions
- We find it hard to discuss these things
- We have not decided as yet
- Other, please write in _____

C. If a medical or family emergency arises, can you get in touch with the other parent easily?

NO YES

IF NO, what stands in the way?

D. How would you rate your co-parenting relationship now? (Circle as many as apply)

- We respect one another and our roles as parents
- We do a good job discussing our children's needs
- We find it difficult to talk with one another about the children (circle one answer)

Almost always Often Sometimes Not Usually Rarely or Never

- We avoid talking to one another about most things
- We use text messaging and e-mail to keep informed
- We just stick to the court order (or Parenting Plan)
- We can discuss things and usually be flexible when needed.

' Other, please write in

• Overall, how would you rate the level of conflict between you and the other parent over the last month? (Circle one number)

Lowest Conflict

Highest Conflict

1 2 3 4 5 6 7 8 9 10

D. What worries you the most about your current situation? (Write In)

E. What other information is especially important for Nicholas Bracken to know? (Write In)