



**TO BE COMPLETED  
BY PARENT**

# Child's particulars

## Part A

Stick patient's label here
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**01. Age of child:** \_\_\_\_\_

**02. School:** \_\_\_\_\_

**03. Education level:** \_\_\_\_\_

**Class:** \_\_\_\_\_

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**04. Source of referral:**

- 1  Self
- 2  School
- 3  Doctor
- 4  Others (please specify) \_\_\_\_\_

**05. Reason for referral:**

- 1  Learning problems
- 2  Behavioural problems
- 3  Family/emotional problems
- 4  Psychiatric problems
- 5  Others (please specify) \_\_\_\_\_

**06. Accommodation:**

- 1  HDB
- 2  Private apartment
- 3  Private house
- 4  Rental
- 5  Others (please specify) \_\_\_\_\_

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**07. Other agencies/hospital that child has gone to**

Problems	Agency/hospital	Age of child

# Adults' particulars

**Father / Guardian**

**Mother / Guardian**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**08. Age:** \_\_\_\_\_

**14. Age:** \_\_\_\_\_

**09. Ethnicity:**

- 1 Chinese
- 2 Malay
- 3 Indian
- 4 Others (specify)

\_\_\_\_\_

**15. Ethnicity:**

- 1 Chinese
- 2 Malay
- 3 Indian
- 4 Others (specify)

\_\_\_\_\_

**10. Marital status**

- 1 Married to patient's birth mother
- 2 Single
- 3 Divorced/Separated
- 4 Widowed
- 5 Deceased

**16. Marital status**

- 1 Married to patient's birth father
- 2 Single
- 3 Divorced/Separated
- 4 Widowed
- 5 Deceased

**11. Education level**

- 1 Primary or below
- 2 Secondary / vocational
- 3 Pre-university/ polytechnic
- 4 University/ postgraduate
- 5 Other \_\_\_\_\_

**17. Education level**

- 1 Primary or below
- 2 Secondary / vocational
- 3 Pre-university/ polytechnic
- 4 University/ postgraduate
- 5 Other \_\_\_\_\_

**12. Occupation**

- 1 Managerial / professional
- 2 Executive / sales
- 3 Clerical / technical
- 4 Self-employed
- 5 Not working
- 6 Retired
- 7 Other \_\_\_\_\_

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- 1 Managerial / professional
- 2 Executive / sales
- 3 Clerical / technical
- 4 Self-employed
- 5 Not working
- 6 Retired
- 7 Other \_\_\_\_\_

**13. Religion**

- 1 Buddhist/ Taoist
- 2 Christian/ Catholic
- 3 Muslim
- 4 Hindu
- 5 Free thinker
- 6 Other \_\_\_\_\_

**19. Religion**

- 1 Buddhist/ Taoist
- 2 Christian/Catholic
- 3 Muslim
- 4 Hindu
- 5 Free thinker
- 6 Other \_\_\_\_\_

**Contact Numbers**

(O) \_\_\_\_\_

(Hp) \_\_\_\_\_

(Pg) \_\_\_\_\_

**Contact Numbers**

(O) \_\_\_\_\_

(Hp) \_\_\_\_\_

(Pg) \_\_\_\_\_

<b>20. Children and adults living with your child</b>		
Name	Relationship (eg. father, stepbrother, adopted sister, grandfather, twin brother, etc.)	Age

**Does your child live with you?**

- Yes  
 No

**Part B:** These questions are about your child's background and general health. For each question, please cross  the most accurate answer.

**Family information**

01. What is your relationship to the child?

- Natural mother  
 Natural father  
 Adoptive mother  
 Adoptive father  
 Stepmother  
 Stepfather  
 Foster mother  
 Foster father  
 Other (female). Please specify: \_\_\_\_\_  
 Other (male). Please specify: \_\_\_\_\_

02. What is your spouse/partner's relationship to the child?

- Natural mother  
 Natural father  
 Adoptive mother  
 Adoptive father  
 Stepmother  
 Stepfather  
 Foster mother  
 Foster father  
 Other (female). Please specify: \_\_\_\_\_  
 Other (male). Please specify: \_\_\_\_\_

03. How many children live in your home? \_\_\_\_\_

04. How many people live in your home? \_\_\_\_\_

05. Who is the main caregiver of your child?

- Parent  
 Grandparent  
 Sibling  
 Relatives  
 Foster parent  
 Domestic maid  
 Daycare service provider

06. What is your child's position (birth order) in the family? (e.g. Eldest child, third child, etc) \_\_\_\_\_

07. Before the age of 3, has your child ever lived away from you for a long period of time? If yes, how long?

- Yes (How long? \_\_\_\_\_)  
 No

08. Which language is most often spoken at home?

- English  
 Mandarin/dialect  
 Malay  
 Tamil/ other Indian language  
 Others (Please specify: \_\_\_\_\_)



Stick patient's label here
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20. The following is a list of health problems that some children have. Please indicate if your child has ever had or is having any of them.

- Allergies to \_\_\_\_\_  
 Heart problem  
 Epilepsy/convulsions or seizures without fever  
 Cerebral palsy  
 Diabetes  
 Mental retardation  
 Developmental delay or lag  
 Clumsiness or difficulties with co-ordination  
 Others. (Please. specify: \_\_\_\_\_)  
 None of the above.

21. Does your child have any condition/ health problem which prevents or limits his/her participation in school, at play or any other activity?

- Yes. (Please specify: \_\_\_\_\_)  
 No

22. Does your child have visual problems?

- Yes. (Please specify: \_\_\_\_\_)  
 No

23. Does your child have hearing problems?

- Yes. (Please specify: \_\_\_\_\_)  
 No

24. In the last 6 months, how many times has your child been to the hospital emergency (A&E) room? \_\_\_\_\_

25. Is your child taking any prescribed medication?

- Yes. (Please specify: \_\_\_\_\_)  
 No

### Emotional and behavioural

26. In the last 4 years, has your child seen a psychiatrist, psychologist, or counsellor on a regular basis?

1  Yes.

These visits were for:

- emotional or behavioural problems  
 learning problems  
 speech or language problems  
 any other reasons (Please specify: \_\_\_\_\_)

2  No.

**Life events**

27. Please indicate whether the following has happened to you or any member of your household in the past 12 months (mark all answers that apply).

- 1 Stopped full-time schooling
- 2 Lost job or was unemployed
- 3 Got married
- 4 Someone moved into our home
- 5 Had financial problems
- 6 My spouse and I separated
- 7 Arrival of baby at home
- 8 Someone moved out of our home
- 9 Serious illness
- 10 Serious illness of relative or close friend
- 11 Quit or retired from full-time work
- 12 Started working or changed job
- 13 Death of a relative or close friend
- 14 Moved home
- 15 None of the above

28. When you had disagreements with your spouse, you resolved it by:

- 1 Discussing calmly
- 2 Raising voices and yelling at each other
- 3 Refusing to talk
- 4 Insulting or swearing
- 5 Crying
- 6 Leaving the room or house to avoid continuing the argument
- 7 Smashing or throwing objects around (but not at spouse)
- 8 Threatening to hit or injure spouse
- 9 Hitting or trying to injure spouse
- 10 Using other ways. (Please specify: \_\_\_\_\_)

29. When your child has done something wrong, you:

- 1 Reason with your child
- 2 Send your child to his room
- 3 Spank your child with your hand
- 4 Cane or hit child with an object
- 5 Take away your child's privileges
- 6 Shake or shove your child
- 7 None of the above. I try other methods.  
(Please specify: \_\_\_\_\_)

30. In general, how would you say things are for you at this point in time?

- 1 Very good. Everything is going on well.
- 2 O.k. I can still cope with events in my life.
- 3 Not too good. I am struggling to cope with events in my life.

31. How about for your partner?

- 1 Very good. Everything is going on well.
- 2 O.k. He/She can still cope with events in his/her life.
- 3 Not too good. He/She is struggling to cope with events in his/her life.
- 4 Don't know.

32. Have you or any of your family members seen a psychiatrist before?

- 1 Yes.
- 2 No, none of us have seen a psychiatrist before.

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**Thank you for taking the time to complete this form. We assure you that the information you give us will be kept confidential.**