



**TO BE COMPLETED
BY PARENT**

Child's particulars

Part A

Stick patient's label here

01. Age of child: _____

02. School: _____

03. Education level: _____

Class: _____

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) _____

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 _____

18. Occupation

- 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) _____

20. Children and adults living with your child		
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

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.

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