### Child’s particulars

#### Part A

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<table>
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<tbody>
<tr>
<td>01. Age of child:</td>
<td>________________</td>
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<tr>
<td>02. School:</td>
<td>________________</td>
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<tr>
<td>03. Education level:</td>
<td>________________</td>
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<tr>
<td>Class:</td>
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04. **Source of referral:**
- □ Self
- □ School
- □ Doctor
- □ Others (please specify) ________________

05. **Reason for referral:**
- □ Learning problems
- □ Behavioural problems
- □ Family/emotional problems
- □ Psychiatric problems
- □ Others (please specify) ________________

06. **Accommodation:**
- □ HDB
- □ Private apartment
- □ Private house
- □ Rental
- □ Others (please specify) ________________

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

<table>
<thead>
<tr>
<th>Problems</th>
<th>Agency/hospital</th>
<th>Age of child</th>
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# Adults’ particulars

<table>
<thead>
<tr>
<th>Father / Guardian</th>
<th>Mother / Guardian</th>
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<tbody>
<tr>
<td><strong>Name:</strong></td>
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</tbody>
</table>

08. **Age:** ____________________ 14. **Age:** ____________________

09. **Ethnicity:**
- ☐ Chinese
- ☐ Malay
- ☐ Indian
- ☐ Others (specify)

10. **Marital status**
- ☐ Married to patient’s birth mother
- ☐ Single
- ☐ Divorced/Separated
- ☐ Widowed
- ☐ Deceased

11. **Education level**
- ☐ Primary or below
- ☐ Secondary / vocational
- ☐ Pre-university/ polytechnic
- ☐ University/ postgraduate
- ☐ Other

12. **Occupation**
- ☐ Managerial / professional
- ☐ Executive / sales
- ☐ Clerical / technical
- ☐ Self-employed
- ☐ Not working
- ☐ Retired
- ☐ Other

13. **Religion**
- ☐ Buddhist/ Taoist
- ☐ Christian/ Catholic
- ☐ Muslim
- ☐ Hindu
- ☐ Free thinker
- ☐ Other

15. **Ethnicity:**
- ☐ Chinese
- ☐ Malay
- ☐ Indian
- ☐ Others (specify)

16. **Marital status**
- ☐ Married to patient’s birth father
- ☐ Single
- ☐ Divorced/Separated
- ☐ Widowed
- ☐ Deceased

17. **Education level**
- ☐ Primary or below
- ☐ Secondary / vocational
- ☐ Pre-university/ polytechnic
- ☐ University/ postgraduate
- ☐ Other

18. **Occupation**
- ☐ Managerial / professional
- ☐ Executive / sales
- ☐ Clerical / technical
- ☐ Self-employed
- ☐ Not working
- ☐ Retired
- ☐ Other

19. **Religion**
- ☐ Buddhist/ Taoist
- ☐ Christian/Catholic
- ☐ Muslim
- ☐ Hindu
- ☐ Free thinker
- ☐ Other

**Contact Numbers**
- (O) ____________
- (Hp) ____________
- (Pg) ____________

**Contact Numbers**
- (O) ____________
- (Hp) ____________
- (Pg) ____________

## 20. Children and adults living with your child

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship (eg. father, stepbrother, adopted sister, grandfather, twin brother, etc.)</th>
<th>Age</th>
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</table>
Does your child live with you?
1. Yes
2. 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: ______________________)
**Development**

09. Were there any difficulties during the pregnancy of your child?
- Yes (Please specify: ____________________________)
- No
- Don’t know

10. Was your child born full-term?
- Yes.
- No, my child was born premature. Duration of pregnancy: __________ months.
- Don’t know

11. Were there any difficulties at the time of delivery?
- Yes (Please specify: ____________________________)
- No
- Don’t know

12. At what age did your child take his/her first 5 steps without any help?
- Less than 1 year
- 1 – 1 ½ years
- 1 ½ - 2 years
- More than 2 years
- Don’t know

13. At what age could your child say at least 3 words in a phrase for the first time?
- Less than 1 year
- 1 – 1 ½ years
- 1 ½ - 2 years
- More than 2 years
- Don’t know

14. Did you ever worry that your child was slow to develop in any way?
- Yes
- No
- Don’t know

15. Did anyone else think that your child was slow to develop?
- Yes
- No
- Don’t know

16. Has your child had any learning problems?
- Yes
- No
- Don’t know

17. Does your child have any speech difficulties such as stuttering or mispronouncing words?
- Yes
- No
- Don’t know

18. Does your child have any difficulties expressing him/herself, producing sentences or carrying out a conversation?
- Yes
- No
- Don’t know

**Medical**

19. Has your child ever had:
- a head injury with loss of consciousness
- a burn requiring admission to hospital
- an accidental poisoning requiring admission to hospital
- an accident causing broken bones or fractures
- none of the above.
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?

☐ Yes.

These visits were for:

1. ☐ emotional or behavioural problems

2. ☐ learning problems

3. ☐ speech or language problems

4. ☐ any other reasons (Please specify: __________________________________________________)

☐ No.
Form 6.7

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.
4. Don't know.

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.