

## Caregiver Questionnaire

Date \_\_\_\_\_

Client Name \_\_\_\_\_

Name of person completing questionnaire \_\_\_\_\_

Relationship to client \_\_\_\_\_

### ***Current Information***

1 Client's current address \_\_\_\_\_  
 \_\_\_\_\_

2 List everyone that currently lives at the client's address.

Name	Relationship	Age

3 Is there anyone else who lives there or sleeps there occasionally?      Yes      No  
 If so, please list.

Name	Relationship	Age



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**Family History and Development**

1 Where was the client born? \_\_\_\_\_

2 Where else did the client live during childhood and with whom?

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3 If the client is not from Colorado, what circumstances brought them here?

\_\_\_\_\_

4 Describe the circumstances of the client's birth (if relevant).

Include such details as: did the client's mother receive prenatal care; did the client's mother smoke, drink or use drugs during her pregnancy;

was the client born premature or late; were there complications with the birth; was the client born with any medical problems

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\_\_\_\_\_

5 Describe the client's temperament during:

Infancy \_\_\_\_\_

\_\_\_\_\_

Preschool \_\_\_\_\_

\_\_\_\_\_

Grade school \_\_\_\_\_

\_\_\_\_\_

As an adolescent \_\_\_\_\_

\_\_\_\_\_

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**Treatment and Evaluation Services**

6 Describe the client's home/family environment growing up.

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7 Did the client's parents separate and/or divorce? Yes      No  
If so, describe the circumstances of the separation and/or divorce and the client's age.

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8 Was there a custody agreement? Yes      No  
If so, describe the arrangement.

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9 Did either parent remarry? Yes      No  
If so, which parent remarried and how old was the client at the time?

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10 List any other caregivers the client had during their childhood and/or adolescence.  
Include other relatives, foster homes, treatment centers, etc.

Name	Client's age

11 Describe your relationship with the client.

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**Treatment and Evaluation Services**

12 Have either of the client's parents or caregivers died? Yes    No  
If so, describe the circumstances of their death and client's age.

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13 Describe the client's relationship with any other caregiver(s).

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14 Describe the kind of caregiver you consider yourself to be.

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15 Describe your involvement with the client.

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16 How is the client disciplined and how are boundaries set?

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**Treatment and Evaluation Services**

17 List the client's brothers and sisters (include step brothers/sisters, half brothers/sisters)

Name	Age	Where to they live?	Do they have children?	Ages of those children.

18 What is the client's current relationship with the siblings listed above?

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19 Does someone in the client's family have a history of substance abuse?      Yes      No  
If so, please provide details for each individual.

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20 Does someone the client's family have a history of mental illness?      Yes      No  
If so, please provide details for each individual.

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21 Does someone the client's family have a criminal history?      Yes      No  
If so, please provide details for each individual.

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**Treatment and Evaluation Services**

22 Has the client ever been psychologically/emotionally abused? Yes      No  
If so, describe what happened.

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23 Has the client ever been verbally abused? Yes      No  
If so, describe what happened.

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24 Has the client ever been sexually abused? Yes      No  
If so, describe what happened, if the abuse was reported and the outcome.

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25 Has the client ever been physically abused? Yes      No  
If so, describe what happened, if the abuse was reported and the outcome.

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26 What is the worst thing that has happened to the client as a child or adolescent?  
Please do not include the offense in this question.

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**Treatment and Evaluation Services**

27 Has the client experienced a trauma as a child or adolescent?

Please do not include the offense in this question.

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28 Has anyone close to the client died?

Yes

No

If so, explain.

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29 Describe fighting that the client did as a child and/or adolescent.

Type of fighting, with whom and why.

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30 How often did the client fight with their siblings as a child or adolescent?

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31 How often did the client fight with their parents or caregivers as a child or adolescent?

Explain the type of fighting - physical, verbal, etc.

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32 Were the police/social services/child protection services ever called because of a fight with the clients parents, caregivers or other family members?

Yes

No

If so, please give details.

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**Treatment and Evaluation Services**

33 Has the client ever use weapons when fighting as a child and/or adolescent?      Yes      No  
If so, describe the weapon and how the client used it.

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34 Has the client ever been associated with or part of a gang?      Yes      No  
If so, describe the client's involvement.

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35 Has the client ever been bullied?      Yes      No  
If so, describe what happened.

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36 Has the client bullied others?      Yes      No  
If so, describe what happened.

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37 Has the client ever set fires on purpose?      Yes      No  
If so, describe what happened.

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38 Has the client ever harmed an animal or pet on purpose?      Yes      No  
If so, describe what happened.

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**Household Supervision**

- 1 If the primary caregiver works outside the home, where is the place of employment?  
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- 2 If the primary caregiver works outside the home, what are the hours during the day  
the caregiver is **not** at home?  
\_\_\_\_\_
  
- 3 Is there internet in the home? Yes      No
  
- 4 Does the client have access to it? Yes      No
  
- 5 How is access supervised?  
\_\_\_\_\_
  
- 6 Does the client use social networking websites? Yes      No
  
- 7 What is the client's favorite site?  
\_\_\_\_\_
  
- 8 Is there cable TV in the home? Yes      No
  
- 9 How is TV viewing monitored?  
\_\_\_\_\_
  
- 10 What is the client's favorite TV show?  
\_\_\_\_\_
  
- 11 Does the client have a cell phone? Yes      No
  
- 12 How is cell phone use monitored?  
\_\_\_\_\_
  
- 13 Does the cell phone have internet access? Yes      No
  
- 14 What other electronic devices does the client have access to?  
(Xbox, PS3, Ipod, Skype, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

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**Education History**

**Elementary School(s)**

Name/Location	Years Attended	Average Grades

**Treatment and Evaluation Services**

**Junior High School(s)**

Name/Location	Years Attended	Average Grades

1 Was the client held back in any grade in elementary school? Yes      No  
If so, describe what happened.

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2 Did the client fail any grade in elementary school? Yes      No  
If so, describe what happened.

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3 Was the client ever diagnosed with a learning disability (ADD, ADHD, Dyslexia) Yes      No  
If so, give details.

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4 If not, should the client have been?

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5 Has the client ever taken medication for hyperactivity and/or inattenti Yes      No  
If so, give details.

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6 In elementary/middle school was the client ever placed in special education Yes      No  
services or have an IEP (Individualized Education Program), ILP (Learning  
Plan) and/or Behavioral Plan?  
If so, give details.

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**Treatment and Evaluation Services**

7 In elementary/middle school how did the client get along with other students?

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8 In elementary/middle school how did the client get along with teachers/school staff?

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9 In elementary/middle school was the client ever suspended or expelled from school?      Yes      No

If so, please provide details including what grades and the reason.

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**High School(s)**

Name/Location	Years Attended	Average Grades

10 Did the client graduate from high school?      Yes      No

If so, what year? \_\_\_\_\_

11 If the client did not receive a high school diploma, did the client earn a GED?      Yes      No

If so, when and where?

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12 Did the client drop out of high school?      Yes      No

If so, why, when, where and what did the client do after they dropped out?

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**Treatment and Evaluation Services**

13 In elementary/middle school was the client ever placed in special education services or have an IEP (Individualized Education Program), ILP (Learning Plan) and/or Behavioral Plan? Yes      No

If so, give details.

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14 In high school how did the client get along with other students?

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15 In high school how did the client get along with teachers?

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16 Was the client ever suspended or expelled from high school? Yes      No

If so, please provide details including what grades and the reason.

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**College(s)**

Name/Location

Dates Attended

Degree(s)

Name/Location	Dates Attended	Degree(s)

17 Has the client ever left an educational program prior to completion? Yes      No

If so, when and where.

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**Treatment and Evaluation Services**

18 Did the client take vocational classes? Yes      No  
If so, when and where.

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19 Does the client have any certification or licensures? Yes      No  
If so, describe.

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***Relationship History***

1 Is the client in a relationship currently? Yes      No  
If so, give first name and age of the partner.

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2 Do you know this person? Yes      No

3 Do you approve of their relationship? Yes      No

4 Is the client sexually active with this person? Yes      No

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***Support System***

Please list the people in the client's support system (can include parents, friends, counselors, etc.).

Name	<hr/>	Relationship to the client	<hr/>
Age	<hr/>	Length of the relationship	<hr/>
Circle one:	Positive influence	Negative influence	Neutral influence
Explain response.	<hr/> <hr/>		
Do they know of the client's offense?			Yes      No
If not, why not.	<hr/>		

**Treatment and Evaluation Services**

Name		Relationship to the client	
Age			
Circle one:	Positive influence	Negative influence	Neutral influence
Explain response.			
Do they know of the client's offense?	Yes	No	
If not, why not.			

Name		Relationship to the client	
Age			
Circle one:	Positive influence	Negative influence	Neutral influence
Explain response.			
Do they know of the client's offense?	Yes	No	
If not, why not.			

Name		Relationship to the client	
Age			
Circle one:	Positive influence	Negative influence	Neutral influence
Explain response.			
Do they know of the client's offense?	Yes	No	
If not, why not.			



**Treatment and Evaluation Services**

1 Do any of the people in the client's support system use illegal drugs or have a criminal history? Yes      No  
If so, please explain.

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2 Does the client have a religious affiliation? Yes      No  
If so, please explain the importance of it in the client's life.

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3 Rate the influence of religion in the client's life on a 1-10 scale.  
(1 - not an influence to 10 - a great influence) \_\_\_\_\_

4 Does the client think of him/herself as a spiritual person? Yes      No  
If so, please explain what it is and the importance of it in the client's life.

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5 Rate the influence of spirituality in the client's life on a 1-10 scale.  
(1 - not an influence to 10 - a great influence) \_\_\_\_\_

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***Medical History***

1 Please list the client's current health problems.

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2 Please list the client's past health problems.

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3 Does the client have any medical diagnoses? Yes      No  
If so, please explain.

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**Treatment and Evaluation Services**

4 Is the client currently on any prescribed medication for medical problems?

(including over-the-counter and herbal supplements)

Yes

No

If so, please provide the name of the medication, dosage, reason prescribed

name of treating physician (if needed here, sign a release for contact).

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5 List the client's reason and date of any hospitalizations.

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6 List the client's type and date of any major surgeries.

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7 Does the client have any physical limitations?

Yes

No

If so, please describe.

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8 Does the client have:

Head Injury

Yes

No

Coma

Yes

No

Seizure

Yes

No

If yes on any of the above, please list original symptoms and if the client is currently experiencing symptoms.

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9 If the client has experienced a head injury, did the client have any complications immediately following the accident?

Yes

No

If so, please explain.

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**Treatment and Evaluation Services**

10 Has the client had any neurological and/or neuropsychological testing Yes      No  
If so, please explain.

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***Vocational History***

1 Is the client currently working? Yes      No  
If so, please list jobs.

Employer	Job duties	Dates employed
Reason the client left		

Employer	Job duties	Dates employed
Reason the client left		

Employer	Job duties	Dates employed
Reason the client left		

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***Mental Health and Psychiatric History***

1 Has anyone ever suggested that the client has mental health symptom Yes      No  
If so, please explain.

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2 Do you think the client has mental health symptoms? Yes      No  
If so, please explain.

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**Treatment and Evaluation Services**

5 Please list any counselors, mental health workers, or therapists the client has seen.

Name	Reason for treatment	Dates Seen

6 Medications - Please list all medications the client is currently on or has taken in the past.

Name of medication	Reason for use/dosage	Dates taken

**Treatment and Evaluation Services**

7 If the client is using medication, doeshe/she take it as prescribed?                      Yes                      No

If not, why not?

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8 Has the client ever been in any other form of treatment?

<b>Program</b>	<b>Court ordered?</b>	<b>Dates attended</b>	<b>Agency</b>	<b>Completion or dropped out?</b>	<b>If dropped out, why?</b>
AA/NA					
Anger Management					
Detox					
Domestic Violence					
Inpatient					
Residential					
Sex offense specific					
Substance abuse treatment					
Other:					
Other:					

**Criminal History**

1 Please complete the following as applied to the client:

Arrested for	Date	Charged?	Final outcome (include sentence)

2 Has the client been the victim of physical violence? Yes No  
If so, please give details.

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3 Does the client have problems controlling his/her temper? Yes No  
If so, please give details.

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4 Have others said that the client has problems controlling his/her temp Yes No  
If so, please give details.

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5 How does the client manage their anger? Yes No  
If so, please give details.

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**Treatment and Evaluation Services**

6 Has the client ever threatened anyone? Yes      No  
If so, please give details.

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7 Has the client ever hit a family member, friend, significant other, child, teacher, other? Yes      No  
If so, please give details.

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8 Has the client been in physical fights? Yes      No  
If so, please give details including number of fights, who initiated, injuries (the client and others).

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9 Has the client ever used weapons in a fight? Yes      No  
If so, please give details.

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10 Has the client ever engaged in self-harm (cutting, etc.)? Yes      No  
If so, please give details.

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11 Has the client ever destroyed property? Yes      No  
If so, please give details.

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12 Does the client have any current or past protection/restraining orders? Yes      No  
If so, please give details.

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**Treatment and Evaluation Services**

13 Has the client ever had any DHS and/or child protective services involv Yes No  
If so, please give details.

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14 Does the client have any parole and/or probation violations? Yes No  
If so, please give details.

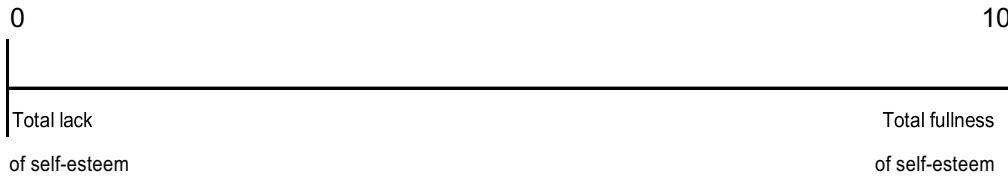
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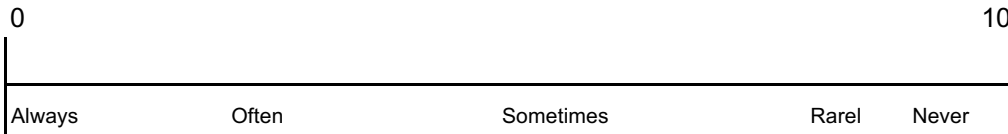
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**Self Esteem**

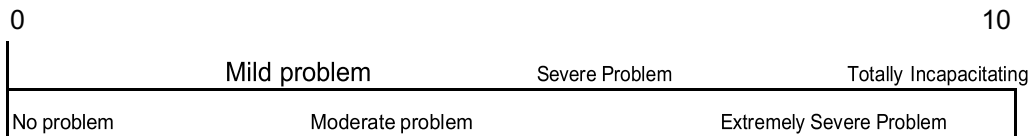
1 Rate your perception of the the client's self-esteem on the following scale:



2 How often does the client feel restricted in daily activities because of difficulties with self-esteem?



3 How serious is the client's problem with self-esteem?



4 What contributes to the client having high self-esteem?

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**Treatment and Evaluation Services**

5 What contributes to the client having low self-esteem?

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6 What does the client consider to be his/her strengths?

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7 What does the client consider to be his/her weaknesses?

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**Substance Abuse**

1 Has substance use ever created negative consequences for the client in the following:

School	Yes	No
Relationships	Yes	No
DUI, other legal matters	Yes	No
Employment	Yes	No
Other	Yes	No

If yes to any of the above, please explain.

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2 Are you aware of the client using substances? Yes      No  
If so, please provide details.

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3 Has the client been charged and/or convicted with an offense Yes      No  
related to substance abuse?  
If so, please provide details.

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**Treatment and Evaluation Services**

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**Sexual History**

1 How did the client first learn about sex and at what age?

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2 To your knowledge, has the client engaged in sexual activity with anyone? Yes No  
If so, please provide details.

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3 Have you ever had sexual concerns about the client? Yes No  
If so, please provide details.

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4 To your knowledge, has the client viewed pornography? Yes No  
If so, please provide details.

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5 To your knowledge, has the client been a victim of sexual abuse or unwanted sexual contact? Yes No

If so, please answer the following questions:

Did the client tell anyone about the abuse or unwanted sexual contact? Yes No

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**Treatment and Evaluation Services**

4 What do you think should happen now?

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***Treatment***

1 Do you think the client needs treatment?

Yes

No

If so, What type of treatment do you think the client needs?

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2 Are there any factors that may interfere with the client

Yes

No

being successful in treatment?

Please explain.

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