

THERAPIST # \_\_\_\_\_

CASE # \_\_\_\_\_

**PFEIFFER INSTITUTE REACH**  
CHILD/ADOLESCENT INFORMATION

Please print clearly and **check** the answers that apply:

Legal Guardian Information:

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ ( Home  Work  Cell) OK to leave message?  Yes  No

Daytime Phone: \_\_\_\_\_ ( Home  Work  Cell) OK to leave message?  Yes  No

Alternate Phone: \_\_\_\_\_ ( Home  Work  Cell) OK to leave message?  Yes  No

Date of Birth: mm/dd/yyyy \_\_\_\_\_ Age: \_\_\_\_\_

Please list everyone who currently lives in your in household:

Name: \_\_\_\_\_  Male  Female Age: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_  Male  Female Age: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_  Male  Female Age: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_  Male  Female Age: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

In the case of an emergency, is there a secondary legal guardian that we may contact?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Please provide the following information about yourself (legal guardian) by checking the boxes that apply:

What is your gender?

- 1. Male
- 2. Female
- 3. Other

What is your sexual orientation?

- 1. Heterosexual
- 2. Gay / Lesbian
- 3. Bisexual

What language do you prefer to speak in therapy?

- 1. English
- 2. Spanish
- 3. Other: \_\_\_\_\_

Do you have any children?

- 1. No
- 2. Yes How many? \_\_\_\_\_

What is the highest level of education that you have completed?

- 1. Grade school
- 2. High school (or GED)
- 3. Some college
- 4. Bachelor's degree
- 5. Graduate Student
- 6. Master's degree
- 7. Doctorate degree

What is your religious preference?

- 1. Catholic
- 2. Protestant
- 3. Latter-Day Saint (Mormon)
- 4. Jewish
- 5. Other (specify): \_\_\_\_\_
- 6. None

What is your racial or ethnic origin?

- 1. American Indian or Alaska Native
- 2. Asian or Pacific Islander
- 3. African-American / Black
- 4. Caucasian / White
- 5. Mexican-American / Hispanic
- 6. Biracial: \_\_\_\_\_
- 7. Other: \_\_\_\_\_

What is your employment status?

- 1. Employed full-time  
Occupation: \_\_\_\_\_
- 2. Employed part-time  
Occupation: \_\_\_\_\_
- 3. Unemployed
- 4. Homemaker
- 5. Retired
- 6. Student

What is your current annual income?

- 1. Less than \$10,000
- 2. \$10,000 – \$19,999
- 3. \$20,000 – \$29,999
- 4. \$30,000 – \$39,999
- 5. \$40,000 – \$49,999
- 6. \$50,000 – \$59,999
- 7. \$60,000 – \$69,999
- 8. \$70,000 or above

What is your current relationship status?

- 1. Single, never married, not dating
- 2. Single, divorced or separated
- 3. Single, widowed
- 4. Dating
- 5. Living together
- 6. Engaged to be married
- 7. Married, first marriage
- 8. Married, second or third marriage

How long have you been in this current relationship?

\_\_\_\_\_

On the following checklist, please indicate problems that are a concern to you about **YOURSELF**:

- 1. chronic illness/pain
- 2. depression
- 3. anxiety/worries
- 4. stress
- 5. sexual abuse / rape
- 6. eating disorder
- 7. relationship problem
- 8. physical problem
- 9. excessive alcohol/drugs
- 10. family relationships
- 11. sexual problems
- 12. parenting
- 13. self-esteem
- 14. lack of assertiveness
- 15. suicidal thoughts
- 16. anger
- 17. grief
- 18. self-injury / self-mutilation
- 19. sexual addiction
- 20. emotional abuse in childhood
- 21. physical abuse in childhood
- 22. sexual abuse in childhood
- 23. other (please specify) \_\_\_\_\_

Problems that are a concern to you about **YOUR PARTNER**:

- 1. chronic illness/pain
- 2. depression
- 3. anxiety/worries
- 4. stress
- 5. sexual abuse / rape
- 6. eating disorder
- 7. relationship problem
- 8. physical problem
- 9. excessive alcohol/drugs
- 10. family relationships
- 11. sexual problems
- 12. parenting
- 13. self-esteem
- 14. lack of assertiveness
- 15. suicidal thoughts
- 16. anger
- 17. grief
- 18. self-injury / self-mutilation
- 19. sexual addiction
- 20. emotional abuse in childhood
- 21. physical abuse in childhood
- 22. sexual abuse in childhood
- 23. other (please specify) \_\_\_\_\_

Problems that are a concern to you about **YOUR RELATIONSHIP**:

- 1. poor communication.
- 2. argue about finances.
- 3. not enough time together.
- 4. fighting/arguing.
- 5. physical violence.
- 6. excessive alcohol/drugs.
- 7. refuses sex too often.
- 8. demands sex too often.
- 9. physical sexual problems (impotence, painful intercourse, etc.).
- 10. parenting differences.
- 11. partner too controlling.
- 12. different values.
- 13. emotional abuse.
- 14. difficulties with in-laws/extended family
- 15. other (please specify): \_\_\_\_\_

Problems that are a concern to you about your **CHILDREN/FAMILY**:

- 1. stealing
- 2. fire setting
- 3. truancy
- 4. fighting
- 5. drugs/alcohol
- 6. adolescent pregnancy
- 7. sexual abuse (victim)
- 8. sexual abuser
- 9. disobedience
- 10. divorce adjustment
- 11. death in family
- 12. anger
- 13. peer relationships
- 14. poor self-esteem
- 15. bed-wetting/soiling
- 16. destructiveness
- 17. issues with stepchildren/stepparenting
- 18. eating disorder
- 19. self-injury / self-mutilation
- 20. other (please specify) \_\_\_\_\_

**INSTRUCTIONS:** In the past 2 weeks, how much has your child/adolescent been bothered or distressed by any of these? (Children 12 years and older may complete this instrument themselves.) Your first reaction should be your answer:

<b>BSI</b>	<b>Not at all</b>	<b>A little bit</b>	<b>Moderately</b>	<b>Quite a bit</b>	<b>Extremely</b>
1. Nervousness or shakiness inside	0	1	2	3	4
2. Faintness or dizziness	0	1	2	3	4
3. The idea that someone else can control your thoughts	0	1	2	3	4
4. Feeling others are to blame for most of your troubles	0	1	2	3	4
5. Trouble remembering things	0	1	2	3	4
6. Feeling easily annoyed or irritated	0	1	2	3	4
7. Pains in heart or chest	0	1	2	3	4
8. Feeling afraid in open spaces or on the streets	0	1	2	3	4
9. Thoughts of ending your life	0	1	2	3	4
10. Feeling that most people cannot be trusted	0	1	2	3	4
11. Poor appetite	0	1	2	3	4
12. Suddenly scared for no reason	0	1	2	3	4
13. Temper outbursts that you could not control	0	1	2	3	4
14. Feeling lonely even when you are with people	0	1	2	3	4
15. Feeling blocked in getting things done	0	1	2	3	4
16. Feeling lonely	0	1	2	3	4
17. Feeling blue	0	1	2	3	4
18. Feeling no interest in things	0	1	2	3	4
19. Feeling fearful	0	1	2	3	4
20. Your feelings being easily hurt	0	1	2	3	4
21. Feeling that people are unfriendly or dislike you	0	1	2	3	4
22. Feeling inferior to others	0	1	2	3	4
23. Nausea or upset stomach	0	1	2	3	4
24. Feeling that you are watched or talked about by others	0	1	2	3	4
25. Trouble falling asleep	0	1	2	3	4
26. Having to check and double-check what you do	0	1	2	3	4
27. Difficulty making decisions	0	1	2	3	4
28. Feeling afraid to travel on buses, subways or trains	0	1	2	3	4
29. Trouble getting your breath	0	1	2	3	4
30. Hot or cold spells	0	1	2	3	4

<b>BSI</b>	<b>Not at all</b>	<b>A little bit</b>	<b>Moderately</b>	<b>Quite a bit</b>	<b>Extremely</b>
32. Your mind going blank	0	1	2	3	4
33. Numbness or tingling in parts of your body	0	1	2	3	4
34. The idea that you should be punished for your sins	0	1	2	3	4
35. Feeling hopeless about the future	0	1	2	3	4
36. Trouble concentrating	0	1	2	3	4
37. Feeling weak in parts of your body	0	1	2	3	4
38. Feeling tense or keyed up	0	1	2	3	4
39. Thoughts of death or dying	0	1	2	3	4
40. Having urges to beat, injure, or harm someone	0	1	2	3	4
41. Having urges to break or smash things	0	1	2	3	4
42. Feeling very self-conscious with others	0	1	2	3	4
43. Feeling uneasy in crowds, such as shopping or at a movie	0	1	2	3	4
44. Never feeling close to another person	0	1	2	3	4
45. Spells of terror or panic	0	1	2	3	4
46. Getting into frequent arguments	0	1	2	3	4
47. Feeling nervous when you are left alone	0	1	2	3	4
48. Others not giving you proper credit for your achievements	0	1	2	3	4
49. Feeling so restless you couldn't sit still	0	1	2	3	4
50. Feelings of worthlessness	0	1	2	3	4
51. Feeling people will take advantage of you if you let them	0	1	2	3	4
52. Feelings of guilt	0	1	2	3	4
53. The idea that something is wrong with your mind	0	1	2	3	4

Looking back over the last week, including today, help us understand how your child/adolescent has been feeling. Read each item carefully and circle the number under the category which best describes your current situation. (Children 12 years and older may complete this instrument themselves.)

<b>Outcome Questionnaire (Y-OQ)</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Frequently</b>	<b>Almost Always</b>
1. I have headaches or feel dizzy.	1	2	3	4	5
2. I don't participate in activities that used to be fun.	1	2	3	4	5
3. I argue or speak rudely to others.	1	2	3	4	5
4. I have a hard time finishing my assignments or I do them carelessly.	1	2	3	4	5
5. My emotions are strong and change quickly.	1	2	3	4	5

<b>Outcome Questionnaire (Y-OQ)</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Frequently</b>	<b>Almost Always</b>
6. I have physical fights (hitting, kicking, biting, or scratching) with my family or others my age.	1	2	3	4	5
7. I worry and can't get thoughts out of my mind.	1	2	3	4	5
8. I steal or lie.	1	2	3	4	5
9. I have a hard time sitting still (or I have too much energy).	1	2	3	4	5
10. I use alcohol or drugs.	1	2	3	4	5
11. I am tense and easily startled (jumpy).	1	2	3	4	5
12. I am sad or unhappy.	1	2	3	4	5
13. I have a hard time trusting friends, family members, or other adults.	1	2	3	4	5
14. I think that others are trying to hurt me even when they are not.	1	2	3	4	5
15. I have threatened to, or have run away from home.	1	2	3	4	5
16. I physically fight with adults.	1	2	3	4	5
17. My stomach hurts or I feel sick more than others my same age.	1	2	3	4	5
18. I don't have friends or I don't keep friends very long.	1	2	3	4	5
19. I think about suicide or feel I would be better off dead.	1	2	3	4	5
20. I have nightmares, trouble getting to sleep, oversleeping, or waking up too early.	1	2	3	4	5
21. I complain about or question rules, expectations, or responsibilities.	1	2	3	4	5
22. I break rules, laws, or don't meet others' expectations on purpose.	1	2	3	4	5
23. I feel irritated.	1	2	3	4	5
24. I get angry enough to threaten others.	1	2	3	4	5
25. I get into trouble when I'm bored.	1	2	3	4	5
26. I destroy property on purpose.	1	2	3	4	5
27. I have a hard time concentrating, thinking clearly, or sticking to tasks.	1	2	3	4	5
28. I withdraw from my family and friends.	1	2	3	4	5
29. I act without thinking and don't worry about what will happen.	1	2	3	4	5
30. I feel like I don't have any friends or that no one likes me.	1	2	3	4	5

**Thank you for taking the time to accurately complete this intake information packet!**