

QUESTIONNAIRE FOR PARENTS (SM Supplement)

The following questionnaire asks for information that will assist us in coming to a fuller understanding of the problems your child has been experiencing. Please complete the questionnaire as completely as possible before your first appointment. The questionnaire should be completed by one or both parents. If you need additional space for any item, please use the back of the page.

Child's name _____ D. O. B. _____ Age _____

Home Phone _____ Today's Date _____

Person Completing This Form / Relationship to Child _____

1. Is your child reluctant, unwilling, or unable to speak in certain situations? Yes No
2. Is your child able to understand spoken language and to speak? Yes No
3. Is your child able to speak normally (relative to other children his or her age) in some situations? Yes No
4. When did you first notice that your child was reluctant, unwilling, or unable to speak in certain situations?
 - Has always been this way and there has not been any significant change over time.
 - Has always been this way but seems to be getting better since _____.
 - Has always been this way but seems to be getting worse since _____.
 - Did not have any problem at all until started preschool at age _____.
 - Did not have any problem at all until started school at age _____.
 - Did not have any problem at all until age _____.

5. In which of the following situations is your child reluctant, unwilling, or unable to speak?

	no difficulty	somewhat reluctant to speak	very reluctant to speak	has never spoken in this situation
in school, to other children				
in school, to teacher				
in school, to other adults				
with mother in your home				
with mother away from your home				
with father in your home				
with father away from your home				
with siblings in your home				
with siblings away from your home				
with extended family in your home (relatives who do not live in your home)				
with extended family away from your home (relatives who do not live in your home)				
with familiar adults in your home				
with familiar adults away from your home				
with unfamiliar adults in your home				
with unfamiliar adults away from your home				
with familiar children in your home				
with familiar children away from your home				
with unfamiliar children in your home				
with unfamiliar children away from your home				
store clerks				
doctors				
other _____				
other _____				

6. Has your child ever told you why he/she is reluctant, unwilling, or unable to speak?

Yes No IF YES, please describe.

7. Do you have any other ideas regarding why your child is reluctant, unwilling, or unable to speak?

Yes No IF YES, please describe.

8. Has your child ever had a speech or language evaluation?

Yes No

IF YES, what were the results?

10. Was your child born in a foreign country or in a part of the United States where English is not the primary language? Yes No IF YES, please describe.

11. Are any languages other than English spoken in your home?

Yes No

IF YES, please answer the following questions.

What languages are spoken, and by whom?

At what age was your child first exposed to spoken English in the home?

12. Is your child shy?

Not at all Somewhat Moderately Extremely so

IF YES, please describe briefly:

13. Does your child tend to become extremely anxious in social situations where your child feels he/she might be observed or evaluated by others, or where your child feels he/she is the center of attention? Yes No

IF YES, please describe briefly:

14. When dealing with other people, does your child become overly self-conscious or overly concerned that he/she may say or do something that might embarrass or humiliate himself, or that others will think badly of him? Yes No

Please describe:

15. Does your child fear and avoid certain situations? Yes No
IF YES, which of the following situations does your child tend to avoid?

- | | |
|---|---|
| <input type="checkbox"/> Riding in a car | <input type="checkbox"/> Leaving your home alone |
| <input type="checkbox"/> Riding in elevators | <input type="checkbox"/> Staying at home alone |
| <input type="checkbox"/> Being alone in unfamiliar places | <input type="checkbox"/> Speaking in front of a group |
| <input type="checkbox"/> Eating in a restaurant or other public place | <input type="checkbox"/> Eating in public |
| <input type="checkbox"/> Movie theaters and other crowded places | <input type="checkbox"/> Attending social gatherings, parties |
| <input type="checkbox"/> Shopping malls or dept. stores | <input type="checkbox"/> School |
| <input type="checkbox"/> Other (specify): | |

16. Has your child ever had any other significant emotional, behavioral, or developmental problems of concern to you or his or her teachers? Yes No

IF YES, please describe:

Family History

Has your child's biological father or have any of his family members had any of the following problems?

	Father	Father's mother	Father's father	Father's siblings	Other family
Reluctance or unwillingness or inability to speak in certain situations as a child					
Reluctance or unwillingness or inability to speak in certain situations as an adult					
Extreme shyness or anxiety in social situations					
Fear of public speaking					

Has your child's biological mother or have any of her family members had any of the following problems?

	Mother	Mother's mother	Mother's father	Mother's siblings	Other family
Reluctance or unwillingness or inability to speak in certain situations as a child					
Reluctance or unwillingness or inability to speak in certain situations as an adult					
Extreme shyness or anxiety in social situations					
Fear of public speaking					

Have any of your child's siblings had any of the following problems?

Sibling number	1	2	3	4	5
Age					
Sex (M or F)					
Reluctance or unwillingness or inability to speak in certain situations as a child					
Reluctance or unwillingness or inability to speak in certain situations as an adult					
Extreme shyness or anxiety in social situations					
Fear of public speaking					