



Dekalb Pediatric Center

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SOCIAL HISTORY - PARENT REPORT

Today's Date: _____

Child's Name: _____

DOB: _____

Your name: _____

Relationship to this child: _____

1. How long have you been concerned about this child's behavior?

2. Who suggested this child be seen for attention, school or behavior problems?

3. Please describe the concerns you have about this child?

4. What are this child's strengths?

5. What are this child's weaknesses?

6. Are the parents of this child separated or divorced? No Yes → a. How old was this child when parents separated?

7. Who has custody of this child? Mother Father Both Other (describe) _____

8. Who does this child primarily live with? Mother Father Both Other (describe) _____

9. Who lives in this child's primary household?

10. Is this child adopted? No Yes → a. Does this child know she/he is adopted? No Yes

11. Is this child in foster care? No Yes → a. How long has this child been in foster care? _____
b. How long has this child lived in your home? _____

12. Has either parent of this child died? No Yes → a. Which parent has died? _____
b. When did parent die? _____

13. Has this child experienced or seen any traumatic events that you would like to discuss with the pediatrician? No Yes

14. Are you concerned that this child may have been abused, including physical or sexual abuse? No Yes

15. Have there been any major changes or stresses in this child's life (for example, a move, change of school, birth of a brother or sister, serious illness, or death of a close friend or family member)? No Yes If yes, please describe:

16. Do you expect any major changes or stresses in the future? No Yes If yes, please describe:

17. Is there anything unusual about this child's family structure? No Yes If yes, please describe:

*NICHQ Vanderbilt ASSESSMENT Scale - PARENT Informant

Today's date: _____ Child's Name: _____ Date of Birth: _____ Parent's Name: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child was on medication was not on medication not sure?

SYMPTOMS

	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or misunderstanding)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his/her turn	0	1	2	3
18. Interrupts or intrudes in others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3

CHQ Vanderbilt ASSESSMENT Scale - PARENT Informant

Today's date: _____ Child's Name: _____ Date of Birth: _____ Parent's Name: _____

	Never	Occasionally	Often	Very Often
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (e.g., "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems; feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him/her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

PERFORMANCE

		Somewhat of			Above	
	Problematic	a Problem	Average	Average	Excellent	
48. Overall School Performance	5	4	3	2	1	
49. Reading	5	4	3	2	1	
50. Writing	5	4	3	2	1	
51. Mathematics	5	4	3	2	1	
52. Relationship with parents	5	4	3	2	1	
53. Relationship with siblings	5	4	3	2	1	
54. Relationship with peers	5	4	3	2	1	
55. Participation in organized activities (e.g., teams)	5	4	3	2	1	

COMMENTS:
