

Parent Issues Questionnaire

Please CIRCLE the extent to which you are CURRENTLY CONCERNED about EACH of the following issues with your child/adolescent. Please respond to EVERY item.

EXTENT: 0 = none 1 = some 2 = much 3 = very much

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|--|---|---|---|---|
| 1. Motivation | 0 | 1 | 2 | 3 |
| 2. Relationship with parents/family | 0 | 1 | 2 | 3 |
| 3. Relationship with friends | 0 | 1 | 2 | 3 |
| 4. Independence | 0 | 1 | 2 | 3 |
| 5. Difficulty asserting self | 0 | 1 | 2 | 3 |
| 6. Difficulty expressing feelings | 0 | 1 | 2 | 3 |
| 7. Social skills | 0 | 1 | 2 | 3 |
| 8. Feeling isolated or lonely | 0 | 1 | 2 | 3 |
| 9. Fear of close relationships | 0 | 1 | 2 | 3 |
| 10. Dealing with anger | 0 | 1 | 2 | 3 |
| 11. Mood swings/irritability | 0 | 1 | 2 | 3 |
| 12. Thoughts of harming others | 0 | 1 | 2 | 3 |
| 13. Grief over loss | 0 | 1 | 2 | 3 |
| 14. Physical or sexual abuse | 0 | 1 | 2 | 3 |
| 15. Emotional abuse | 0 | 1 | 2 | 3 |
| 16. Sex or sexuality | 0 | 1 | 2 | 3 |
| 17. Out of touch with feelings | 0 | 1 | 2 | 3 |
| 18. Confused about beliefs or values | 0 | 1 | 2 | 3 |
| 19. Difficulty making decisions | 0 | 1 | 2 | 3 |
| 20. Dislikes self | 0 | 1 | 2 | 3 |
| 21. Self-identity | 0 | 1 | 2 | 3 |
| 22. Physical appearance/grooming | 0 | 1 | 2 | 3 |
| 23. Anxiety, worry | 0 | 1 | 2 | 3 |
| 24. Stress, tension | 0 | 1 | 2 | 3 |
| 25. Specific fears or phobias | 0 | 1 | 2 | 3 |
| 26. Obsessions/compulsions | 0 | 1 | 2 | 3 |
| 27. Hallucinations/delusions | 0 | 1 | 2 | 3 |
| 28. Paranoia | 0 | 1 | 2 | 3 |
| 29. Unhappy much of the time | 0 | 1 | 2 | 3 |
| 30. Depression | 0 | 1 | 2 | 3 |
| 31. Crying/tearfulness | 0 | 1 | 2 | 3 |
| 32. Feeling unworthy, inferior, guilty | 0 | 1 | 2 | 3 |
| 33. Thoughts of harming self | 0 | 1 | 2 | 3 |
| 34. Fatigue/low energy | 0 | 1 | 2 | 3 |
| 35. Alcohol | 0 | 1 | 2 | 3 |
| 36. Drugs | 0 | 1 | 2 | 3 |
| 37. Eating | 0 | 1 | 2 | 3 |
| 38. Weight | 0 | 1 | 2 | 3 |
| 39. Sleep | 0 | 1 | 2 | 3 |
| 40. Health/Physical Complaints | 0 | 1 | 2 | 3 |
| 41. Financial/Legal problems | 0 | 1 | 2 | 3 |
| 42. Hyperactivity | 0 | 1 | 2 | 3 |
| 43. Attention/Concentration problems | 0 | 1 | 2 | 3 |
| 44. Agitation | 0 | 1 | 2 | 3 |
| 45. Behavior problems | 0 | 1 | 2 | 3 |
| 46. Oppositional defiant behavior | 0 | 1 | 2 | 3 |
| 47. Other, please list _____ | 0 | 1 | 2 | 3 |