Questionnaire

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Please mark a X where it may apply.

Questionnaire completed by: ______________________ **Relationship with client (over 14) /child :** ______________________

Date: ______________________

Contact person

Parent 1: ______________________ **Parent 2:** ______________________

Phone 1: ______________________ **Phone 2:** ______________________

Work number: ______________________ **Work number:** ______________________

Email address: ______________________ **Email address:** ______________________

Occupation: ______________________ **Occupation:** ______________________

Birthplace: ☐ **Canada** **Other:** ______________________ **Birthplace:** ☐ **Canada** **Other:** ______________________

Level of education: ______________________
(High school, college, university (bachelors, masters, doctorate)

Level of education: ______________________
(High school, college, university (bachelors, masters, doctorate)

Marital status of parents:
- ☐ Married
- ☐ Common law
- ☐ Divorced Year: __________
- ☐ Separated

Who does the client (over 14) /child live with:
- ☐ Both parents (shared custody)
- ☐ Mother
- ☐ Father
- ☐ Other: ______________________

Client information

Legal name: ______________________ **Date of birth:** ______________ *(day/month/year)* **Age:** __________

Home address: ____

Language environment school: English _______% French _______%. Other: _______% Other: _______% (total must equal to 100%)

Language environment home: English _______% French _______%. Other: ______% Other: ________% (total must equal to 100%)

Name, relationship and age of siblings:

______________________ *(brother/sister/half-brother/sister)* ____ age ______________________ *(brother/sister/half-brother/sister)* ____ age

______________________ *(brother/sister/half-brother/sister)* ____ age ______________________ *(brother/sister/half-brother/sister)* ____ age

Was the client (over 14) /child adopted? ☐ No ☐ Yes, age at adoption: ______

Name of family doctor: ______________________

Referred by: ______________________

Describe the main reason for consultation:

- ☐ General sadness, low mood, loss of interest
- ☐ Lack of concentration or inattention
- ☐ Obsessions and/or compulsions
- ☐ Difficulty with sleep or insomnia
- ☐ Hyperactivity/impulsivity
- ☐ Loss and bereavement
- ☐ Self-esteem
- ☐ Trauma and/or abuse
- ☐ Gender identity
- ☐ Developmental delay
- ☐ Bullying/harassment
- ☐ Anxious traits
- ☐ Behavioural issues
- ☐ Relationship issues
- ☐ Intellectual giftedness
- ☐ Suicidal thoughts
- ☐ Self harm
- ☐ Learning difficulties
- ☐ Autism Spectrum Disorder
- ☐ Tics
- ☐ Other: ______________

Has the client (over 14) /child received any therapy services in the past? (Please specify):

- ☐ Psychology
- ☐ Neuropsychology
- ☐ Psychotherapy
- ☐ Psychoeducation
- ☐ Occupational therapy
- ☐ Physiotherapy
- ☐ Kinesiology
- ☐ Nutrition
- ☐ Speech and language pathology
- ☐ Special education services
- ☐ Psychiatry
- ☐ Other: ______________________

____
Age, where (private, hospital, CLSC), evaluation/follow-up

Daycare history

Please complete if your child is in daycare

Name of daycare/school: ______________________

Age started daycare: ______________________

Previous daycare(s): ______________________

Do you have any concerns about the child in relation to daycare?

____

School life

Please complete if your child is in school

Is the child/ adolescent in a regular class? ☐ Yes ☐ No
(If no, what type of class?)

Name of main educators/ teachers: ______________________

Grade: ______________________

Did/does the client (over 14) /child receive any academic support:

- ☐ Individual Education Plan (IEP)
- ☐ Intervention plan
- ☐ Resource (orthopedagogy)
- ☐ Specialized education
- ☐ Other: ______________________

Do you have any concerns about the client (over 14) /child in relation to school?

____

Does the current teacher (name of teacher) ______________________ report difficulties in any of the following:

- ☐ Comprehension
- ☐ Following directions
- ☐ Behavior
- ☐ Pace of work
- ☐ Social relationships
- ☐ Reading
- ☐ Spelling
- ☐ Writing
- ☐ Math
- ☐ Penmanship
- ☐ Attention/concentration
- ☐ Other (describe):

Upon returning from school/daycare, the client (over 14) /child is:

- ☐ Talkative
- ☐ Excited
- ☐ Tired/ restless
- ☐ Headache
- ☐ Frustrated/ agitated
- ☐ Happy
- ☐ Other (specify): ______________________

Homework:

Yes	No	
☐	☐	Does homework alone? If not who helps? ______________________
☐	☐	Currently, the homework period is difficult? (If yes, please specify): ______________________
☐	☐	Does it take longer than the average time to complete homework?: ______________________

Medical history

Has the client (over 14) /child had a vision or hearing test? ☐ Yes ☐ No Results: __________ **Wear glasses?** ☐ Yes ☐ No

Medical diagnoses (if any): ______________________

(DD-MM-YYYY)

Does the client (over 14) /child take any medication: Yes ☐ No ☐ Type of medication: ______________________

Since when : ______________________ Dosage : ______________________

Has the client (over 14) /child had or have any of the following (If yes, please describe and provide approximate dates/ages:

Congenital abnormalities:	☐ Yes	☐ No	Results (dates and ages): ______________________
Diseases or major illnesses:	☐ Yes	☐ No	Results (dates and ages): ______________________
Surgery:	☐ Yes	☐ No	Results (dates and ages): ______________________
Hospitalizations:	☐ Yes	☐ No	Results (dates and ages): ______________________
Allergies:	☐ Yes	☐ No	Results (dates and ages): ______________________
Seizures:	☐ Yes	☐ No	Results (dates and ages): ______________________
Tubes in ears:	☐ Yes	☐ No	Results (dates and ages): ______________________
Serious injury:	☐ Yes	☐ No	Results (dates and ages): ______________________
Epilepsy:	☐ Yes	☐ No	Results (dates and ages): ______________________
Asthma:	☐ Yes	☐ No	Results (dates and ages): ______________________

Pregnancy and childbirth

Pregnancy

Diabetes:	☐ Yes	☐ No	
Preeclampsia/eclampsia:	☐ Yes	☐ No	________
Other illnesses:	☐ Yes	☐ No	________
Experience shock or unusual stressors during pregnancy:	☐ Yes	☐ No	________
Receive any medications during pregnancy:	☐ Yes	☐ No	________
Have any complications/difficulties during pregnancy:	☐ Yes	☐ No	________

Consumption by the mother during pregnancy: ☐ Cigarrette ☐ Alcohol ☐ Other: ________

Labour and birth:

Full term birth? ☐ Yes ☐ No Number of weeks: ________ APGAR Score: ________

Did the client (over 14) /child or mother experience any complications at birth/ first days or months of newborn's life?

____

Any abnormalities as a newborn:

Crying ☐ Nursing ☐ Breathing ☐ Weight ☐ Other: ________

The child/adolescent mainly uses their:

☐ Left hand ☐ Right hand ☐ Ambidextrous

Family medical history

	Relationship with child:	**Mother**	**father**'s side of the family
☐ Neurological conditions (*epilepsy, neurofibromotosis*):	----------	☐	☐
☐ Intellectual Disability:	----------	☐	☐
☐ Autism Spectrum Disorder:	----------	☐	☐
☐ Attention Deficit And Hyperactivity Disorder (ADHD):	----------	☐	☐
☐ Language Disorder (*Dysphasia*):	----------	☐	☐
☐ Learning Disorder (*Dyslexia, Dysorthographia, Dyscalculia, etc.*):	----------	☐	☐
☐ Tourette Syndrome/ Tic Disorder:	----------	☐	☐
☐ Depression:	----------	☐	☐
☐ Substance Abuse:	----------	☐	☐
☐ Anxiety:	----------	☐	☐
☐ Mood Disorders (*Bipolar Disorder, Season Affective Disorder*):	----------	☐	☐
☐ Psychotic Disorders (*Schizophrenia , Psychosis*):	----------	☐	☐
☐ Personality Disorders:	----------	☐	☐
☐ Death by Suicide:	----------	☐	☐
☐ Motor or Movement Disorders:	----------	☐	☐

Developmental milestones

General milestone:

		Early :	Expected :		Later :
Language	Babbled	☐	4- 6 months	☐	☐
	Said first words	☐	12 months	☐	☐
	Said 1-2 word phrases	☐	15 months	☐	☐
	Said sentences (subject-verb-complement)	☐	2 years old	☐	☐
	Understood by people other than their parents	☐	3 years old	☐	☐
Motor					
Gross Motor	Sat unassisted	☐	4-9 months	☐	☐
	Crawled	☐	6-10 months	☐	☐
	Walked	☐	9-15 months	☐	☐
	Climb stairs alone (standing)	☐	17-20 months	☐	☐
Fine Motor	Able to cut out a shape with scissors	☐	4 years old	☐	☐
	Able to dress himself/herself (except for buttons and zippers)	☐	3.5 years old	☐	☐
	Used utensils (including a knife)	☐	7 years old	☐	☐
	Holds their crayon (finger thumb grip)	☐	2 years old	☐	☐
	Colour without going over	☐	3-5 years old	☐	☐
	Able to tie a shoelace	☐	4 years old	☐	☐

Other	Early :	Expected :	Later :
Write their name	☐	4 years old ☐	☐
Toilet trained (bladder)	☐	2 years old ☐	☐
Toilet trained (bowel movement, wipes themselves)	☐	3-4 years old ☐	☐

Challenges and difficulties

For each of the areas below, please indicate whether it was a specific challenge present in the past and /or if the the client (over 14) /child is still facing the issue.

Adaptive functioning

Feeding and eating	Past challenge	Current challenge	Not a challenge
Difficulty with eating certain foods (picky eater)	☐	☐	☐
Indulges with food	☐	☐	☐
Difficulties with drinking	☐	☐	☐
Difficulties with solids	☐	☐	☐
Seems to be lacking some nutrients	☐	☐	☐
Loss of apetite	☐	☐	☐
Sleep			
Difficulty falling asleep, staying asleep, or experiencing non-restorative sleep	☐	☐	☐
Has difficulty waking up in the morning	☐	☐	☐
Excessive daytime sleepiness	☐	☐	☐
Nightmares: Distressing dreams that cause fear or anxiety during sleep	☐	☐	☐
Night Terrors: Intense fear or agitation episodes during sleep, often accompanied by screaming or thrashing.	☐	☐	☐
Bruxism: Teeth grinding or clenching during sleep, potentially causing dental issues.	☐	☐	☐
Sleepwalking	☐	☐	☐

Bedtime routine:

Wake up time: (weekday) ________________ (weekend) ________________

Bedtime: (weekday) ________________ (weekend) ________________

Does the child/adolescent nap? ☐ Yes ☐ No When/how long ______________

Hygiene and voiding	Past challenge	Current challenge	Not a challenge
Showers/ takes baths daily	☐	☐	☐
Presents themselves in a clean and tidy manner	☐	☐	☐
Frequent soiling of underwear	☐	☐	☐
Withholding behavior: hold back bowel movements, leading to further constipation	☐	☐	☐
Involuntary or intentional release of urine (during sleep or daytime)	☐	☐	☐

Family

Attachment	Past challenge	Current challenge	Not a challenge
Avoids seeking comfort or connection from caregivers and appears emotionally distant	☐	☐	☐
Exhibits avoidance or resistance to affection, and has difficulties trusting and forming deep emotional connections with caregivers	☐	☐	☐
Exhibits clingy, anxious behaviors, and has difficulty self-soothing or feeling secure	☐	☐	☐

How does the client (over 14) /child demonstrate distress and need to be comforted?

☐ Seeks comfort ☐ With aggression ☐ Give space ☐ Avoidance

☐ With anxious responses ☐ Finding solutions ☐ Get distracted ☐ Other: ______________

Environment	Past challenge	Current challenge	Not a challenge
Socioeconomic factors have an impact the family stress levels, lifestyle choices, and the opportunities available	☐	☐	☐
The neighborhood and community influence their experiences (*safety, access to quality schools, availability of community support services, recreational facilities, and social network)*	☐	☐	☐
Influence of media and technology impact family dynamics and relationships (*communication patterns, family interactions, and the balance between virtual and face-to-face connections)*	☐	☐	☐

How many hours a day is the client (over 14) /child on an electronic devices? __________ (weekday) __________ (weekend)

What type of devices are used by the client (over 14) /child ? ☐ Phone ☐ Tablet ☐ Television ☐ Computer ☐ Video game console

What activities does the child/adolescent perform on electronic devices?

☐ Watch TV shows/movies ☐ Watch videos online ☐ Play games ☐ Educational ☐ Other: ____________________

Does the family have presence of support systems, such as extended family, friends, neighbours, and community resources to help cope with challenges and access support in times of need?	☐ Yes	☐ No
Do cultural factors influence parenting practices, decision-making processes, and family dynamics?	☐ Yes	☐ No
Has the nature of parental work, employment conditions, and work-life balance ever impacted family dynamics (*job stress, parental leave policies, and financial stability can influence parent-child relationships, family time, and overall family functioning)*?	☐ Yes	☐ No
Has the quality of housing, living conditions, and physical environment ever impacted family well-being (*housing stability, safety, access to green spaces, and exposure to environmental hazards can influence family health, safety, and overall quality of life)*?	☐ Yes	☐ No

Parenting	**Past challenge**	**Current challenge**	**Not a challenge**
Witness of poor communication between spouses, such as frequent arguments, misunderstandings, or lack of effective communication	☐	☐	☐
Influence of high levels of conflict, hostility, a sense of instability or unresolved issues between spouses	☐	☐	☐
Witness of domestic violence or abuse within the spousal relationship	☐	☐	☐
Emotional neglect from one or both spouses (emotionally unavailable or disengaged from the relationship	☐	☐	☐
Substance Abuse or Addiction from one or both spouses	☐	☐	☐

What are the best corrective measures to use with the client (over 14) /child ? ★ **THIS SECTION IS ONLY FOR CHILDREN AND ADOLESCENTS**

☐ Setting rules and limits ☐ Enforcing consequences ☐ Teaching appropriate behaviour
☐ Helping to find a solution ☐ Punishement ☐ Other: ______________________________

Is the the client (over 14) /child involved in age appropriate household chores?	☐ Yes	☐ No
Are the parents / guardians consistent in discipline and behaviour management practices and provide clear expectations and boundaries for children?	☐ Yes	☐ No
Do parents/ guardians use positive reinforcement (praise, rewards, and positive feedback to encourage desired behaviours and motivate children/ teens?	☐ Yes	☐ No

As a parent/guardian, would you need help with any of the following?

Modeling: Parents serve as role models, and their behaviors and attitudes significantly influence children's behaviors and values	☐ Yes	☐ No
Responsiveness: The ability of parents to be attuned and responsive to their child's needs and emotions	☐ Yes	☐ No
Support: Providing emotional, academic, and social support to children helps foster their well-being and development	☐ Yes	☐ No
Supervision and monitoring: Monitoring children's activities, setting appropriate limits, and ensuring their safety	☐ Yes	☐ No

Physiological functioning

Gross and fine motor:	**Past challenge**	**Current challenge**	**Not a challenge**
Gross motor skills (sitting, crawling, walking, jumping)	☐	☐	☐
Fine motor skills (drawing, eating with utensils, buttoning a shirt)	☐	☐	☐
Sensory Hypersensitivity (OVER-Responsiveness):			
Auditory hypersensitivity: Extreme sensitivity to sounds or heightened startle response to loud noises	☐	☐	☐
Visual hypersensitivity: Easily overwhelmed or bothered by bright lights, intense visual stimuli, or specific patterns.	☐	☐	☐
Tactile hypersensitivity: Highly sensitive to touch, textures, or certain fabrics, resulting in discomfort or avoidance	☐	☐	☐
Olfactory hypersensitivity: Extremely sensitive to smells or odors others may not find bothersome	☐	☐	☐
Gustatory hypersensitivity: Strong aversions or sensitivity to certain tastes or textures of food	☐	☐	☐
Sensory Hyposensitivity (UNDER-Responsiveness):			
Auditory hyposensitivity: Difficulty processing certain sounds, reduced response to auditory stimuli	☐	☐	☐
Visual hyposensitivity: Decreased response to visual stimuli, potential difficulties with visual attention or perception	☐	☐	☐
Tactile hyposensitivity: Reduced sensitivity to touch, difficulty perceiving tactile sensations	☐	☐	☐
Vestibular hyposensitivity: Diminished awareness of balance or movement sensations, seeking intense or fast movements	☐	☐	☐
Proprioceptive hyposensitivity: Reduced awareness of body position and movement, seeking deep pressure or heavy work activities	☐	☐	☐

Sensory Seeking/Craving:

	Past challenge	Current challenge	Not a challenge
Seeking intense sensory input: Actively seeking sensory experiences like spinning, jumping, crashing, or deep pressure	☐	☐	☐
Craving specific sensory input: Strong cravings for certain sensory experiences, engaging in repetitive behaviors for sensory stimulation	☐	☐	☐
Poor sensory discrimination: Difficulties in perceiving and interpreting sensory information across various modalities (vision, hearing, touch, taste, and smell)	☐	☐	☐

Visual-spatial:

	Past challenge	Current challenge	Not a challenge
Spatial Awareness (depth perception): Difficulty perceiving spatial relationships, judging distances, sizes, or perspectives. Challenges with tasks like parking, estimating space, or navigating. Trouble climbing stairs, catching or throwing a ball, or navigating uneven surfaces	☐	☐	☐
Spatial Visualization: Trouble mentally rotating objects, understanding how parts fit together, or visualizing from different angles. Difficulty with multi-step tasks, organizing, or packing efficiently	☐	☐	☐
Visual-Motor Coordination: Impact on hand-eye coordination, fine motor skills, and perceiving body position. Challenges with precise movements, handwriting, using tools, or participating in sports	☐	☐	☐
Directional Sense: Difficulty understanding position in relation to objects or landmarks. Challenges with left-right orientation, following directions, or reading maps	☐	☐	☐
Visual Memory: Problems with remembering visual information accurately, recognizing patterns, or recalling details	☐	☐	☐

Cognitive

Language:

	Past challenge	Current challenge	Not a challenge
Expressive oral language (difficulty speaking, repeating or pronouncing words)	☐	☐	☐
Receptive skills (difficulty understanding simple directions, close ended or complex questions)	☐	☐	☐
Non-Verbal Communication: Understanding and using gestures, facial expressions, and body language to enhance communication	☐	☐	☐
Pragmatics: Understanding and using language appropriately in social contexts, including turn-taking, politeness, and maintaining conversation	☐	☐	☐

Intellectual functioning:

	Past challenge	Current challenge	Not a challenge
Flexibility: The capability to adapt thinking, strategies, and behaviours in response to changing circumstances or new information	☐	☐	☐
Creativity: Generating original and innovative ideas, thinking outside the box, and finding unique solutions to problems	☐	☐	☐
Planning and Organization: The ability to develop and implement a systematic approach to achieve goals, manage tasks, and allocate resources effectively	☐	☐	☐

Cognitive function:

	Past challenge	Current challenge	Not a challenge
Attention: The ability to focus and sustain attention on a task or stimuli, ignoring distractions	☐	☐	☐
Memory: The capacity to acquire, retain, and retrieve information	☐	☐	☐
Perception: The ability to interpret and make sense of sensory information from the environment	☐	☐	☐
Information Processing: Receiving, encoding, storing, retrieving, and manipulating information efficiently	☐	☐	☐
Learning Ability: Acquiring new knowledge and skills through instruction, observation, and experience	☐	☐	☐
Impulse Control: Managing and regulating immediate impulses and desires.	☐	☐	☐

Social

	Past challenge	Current challenge	Not a challenge
Empathy: Understanding and sharing others' feelings, being aware of their emotions, perspectives, and needs through compassion and support	☐	☐	☐
Active Listening: Fully understanding others by paying attention, providing verbal and non-verbal feedback, and asking relevant questions	☐	☐	☐
Nonverbal Communication: Using facial expressions, body language, and tone of voice to convey messages, understand emotions, and establish rapport	☐	☐	☐
Etiquette: Understanding social norms, cultural differences, and behaving appropriately in various social situations with respect and courtesy	☐	☐	☐
Social Awareness: Recognizing and understanding the emotions, needs, and perspectives of others in social situations	☐	☐	☐

Behavioural	Past challenge	Current challenge	Not a challenge
Adaptability: Being flexible and open to change, adjusting to new situations, receiving feedback, and demonstrating resilience in the face of challenges	☐	☐	☐
Time Management: Prioritizing tasks, setting goals, planning and organizing work, managing deadlines, efficiently allocating time, and avoiding procrastination.	☐	☐	☐
Respect: Showing respect for others, including peers, teachers, parents, and people from different backgrounds	☐	☐	☐
Sharing: Understanding the importance of sharing toys, materials, and taking turns with others	☐	☐	☐
Following Rules: Understanding and adhering to rules and guidelines set by parents, teachers, and authorities.	☐	☐	☐
Gratitude: Showing appreciation for what one has and expressing gratitude towards others	☐	☐	☐
Self-discipline: Exhibiting self-control, managing time effectively, and staying focused on tasks	☐	☐	☐
Conflict Resolution: Being able to resolve conflicts peacefully and find solutions that work for everyone involved	☐	☐	☐
Positive Attitude: Having an optimistic and positive outlook, approaching challenges with enthusiasm	☐	☐	☐

Emotional	Past challenge	Current challenge	Not a challenge
Self-Awareness: Recognizing and understanding one's own emotions, strengths, weaknesses, values, and beliefs	☐	☐	☐
Emotional Regulation: Managing and controlling one's emotions appropriately, including the ability to calm oneself down and cope with stress effectively	☐	☐	☐
Self-Management: Setting and working towards goals, self-motivation, recognizing triggers, exhibiting self-discipline	☐	☐	☐
Relationship Building: Establishing and maintaining positive relationships, effective communication, conflict resolution, and cooperation	☐	☐	☐
Emotional Expression: Expressing emotions in a healthy and constructive manner, verbally and non-verbally	☐	☐	☐
Self-Confidence: Believing in one's own abilities, having a positive self-image, and being self-assured	☐	☐	☐
Resilience: Bouncing back from setbacks, coping with challenges, and adapting to change	☐	☐	☐
Mindfulness: : Cultivating a state of present moment awareness and non-judgmental observation, without excessive attachment to thoughts or emotions	☐	☐	☐
			☐

What are the client (over 14) /child 's interests (hobbies, sports, pastimes, activities he/she enjoys doing)?

____

Identify the client (over 14) /child personality:

☐ Caring ☐ Loyal ☐ Responsible ☐ Honest

☐ Intelligent ☐ Curious ☐ Kind ☐ Selfish

☐ Empathetic ☐ Brave ☐ Irritated ☐ Funny

☐ A leader ☐ Quiet ☐ Dreamer ☐ Shy/ timid

☐ Reserved ☐ Thoughtful ☐ Demanding ☐ Mean

☐ Worried ☐ Overwhelmed ☐ Other:___________________

For clients 14 and over

Client usage

Does the client use:

☐ Coffee
☐ Energy drinks (Redbull, Monster, etc.)
☐ Tobacco (cigarette or other)
☐ Alcohol
☐ Cannabis
☐ Other drugs (specify):

Relationship History

Marital status: ☐ Married ☐ Common-law ☐ Separated ☐ Divorced ☐ Single ☐ Widow

Are you in a relationship? ☐ Yes ☐ No ☐ It's complicated

Education/Career

Are you currently a: ☐ Student ☐ Employed ☐ Unemployed ☐ Leave of absence ☐ Other: ________________________________

What is the highest level of education you've completed/ are completing?

☐ High school ☐ CEGEP ☐ Technical/Trade ☐ Bachelors ☐ Masters ☐ PhD/ Post Doc ☐ Other:___________________

Please identify how you generally feel in your work/school setting:

☐ Stressed ☐ Excited ☐ Motivated ☐ Overwhelmed ☐ Discouraged ☐ Indifferent ☐ Other:________________

Do you have any other pertinent information that you would like to add?

___