Southwest Iowa Families, Inc.
215 E. Washington St., Clarinda, IA 51632
Phone: (712) 542-3501 Fax: (712) 542-4725

Child Client Stress Questionnaire

Client's Name: **Client's DOB:** **Title 19#:**

	Please mark under the heading that best fits you/your child or circle yes or no	Never	Some times	Often
-	1. Complain of aches or pains			
-	2. Spend more time alone			
-	3. Tire easily, little energy			
●	4. Fidgety, unable to sit still			
-	5. Have trouble with teacher			
-	6. Less interested in school			
●	7. Act as if driven by a motor			
●	8. Daydream too much			
●	9. Distract easily			
-	10. Are afraid of new situations			
▲	11. Feel sad, unhappy			
-	12. Are irritable, angry			
▲	13. Feel hopeless			
●	14. Have trouble concentrating			
-	15. Less interested in friends			
■	16. Fight with other children			
-	17. Absent from school			
-	18. School grades dropping			
▲	19. Down on yourself			
-	20. Visit doctor with doctor finding nothing wrong			
-	21. Have trouble sleeping			
▲	22. Worry a lot			
-	23. Want to be with parent more than before			
-	24. Feel that you are bad			
-	25. Take unnecessary risks			
-	26. Get hurt frequently			
-	27. Seem to be having less fun			
-	28. Act younger than children your age			
■	29. Do not listen to rules			
-	30. Do not show feelings			
■	31. Do not understand other people's feelings			

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■	32.Tease others			
■	33.Blame others for your troubles			
■	34.Take things that do not belong to you			
■	35.Refuse to share			
◆	During that past three months, have you thought of killing yourself?		Yes	No
◆	Have you ever tried to kill yourself?		Yes	No
	During the past 12 months, did you drink any alcohol (more than a few sips)?		No	Yes
	During the past 12 months, did you smoke any marijuana or hashish?		No	Yes
	During the past 12 months, did you use anything else to get high? (anything else includes illegal drugs, over the counter and prescription drugs, and things that you sniff or huff)		No	Yes
	Have you ever ridden in a CAR driven by someone (including yourself) who was high or had been using alcohol or durgs?		No	Yes
	If Yes to 38, 39, 40, or 41, please answer the following.			
	Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?		No	Yes
	Do you ever use alcohol or drugs while you are by yourself or ALONE?		No	Yes
	Do you ever FORGET things you did while using alcohol or drugs?		No	Yes
	Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?		No	Yes
	Have you ever gotten in TROUBLE while you were using alcohol or drugs?		No	Yes

● = ≥ 7 ▲ = ≥ 5 ■ = ≥ 7