

**Parent/Family Questionnaire
(Revised October 2006)**

Your name _____ Your relation to youth _____

Youth's Name _____ Youth's Age _____ Youth's Gender Male Female

- 1) Who does your child live with most of the time? _____
- 2) How close do you feel to your child? Very close (PF5.10)
 Somewhat close
 Not close
- 3) Does your child have a close relationship with other members of her/his family? Yes No (PF5.10)
- 4) Does your child have friends (more than one) who are getting mostly A's and B's in school? Yes No (PF3.4)
- 5) Has your child had any problem behaviors at school such as stealing or fighting? Yes No (R4.1)
- 6) Are there other adults in your child's life who are proud of her/him when he/she does something well or when he/she needs to talk? Yes No (PF3.6)
- 7) Has your child ever run away from home? Yes No (R4.6, R4.7)
- If yes, how many times? _____
- What is the longest your child has been away when he/she ran away from home? _____
- When was the most recent time your child has run away? _____
- 8) Do you know where your child is when he/she is not at home? (R5.2)
 Always
 Most of the time
 Some of the time
 None of the time
- 9) Does anyone in your child's household or family abuse drugs or alcohol? Yes No (R5.7)
- 10) Has there been a divorce or separation in your child's household or family in the past 12 months? Yes No (R5.8)
- 11) Has your child moved (family moved or child changed households) more than once in the past 12 months? Yes No (R5.8)
- 12) What does your child do for fun? _____ (PF4.5)