CHILD/ADOLESCENT QUESTIONNAIRE

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
FIELD SERVICES DIVISION
SFN 1189 (3-2022)

Clear Fields

Date of Assessment	Are you currently pregnant? ☐ Yes ☐ No

Housing

☐ Homeless ☐ Own/Rent ☐ Residential/TL Home ☐ Residential/TL Hospital
☐ Foster Home ☐ Lives with Parents ☐ Inmate ☐ Therapeutic Foster Care

Number of Placements Outside of Home

Ethnic Background

☐ White Non-Hispanic ☐ Black Non-Hispanic ☐ Hispanic or Latino ☐ Asian, Pacific Islander
☐ Native American, Aleutian, Eskimo ☐ Other Ethnic Background (specify):

Culture/Ethnic Practices

☐ Art ☐ Adheres to Customs ☐ Diet
☐ Interpersonal Relationships ☐ Religious/Spiritual Practices ☐ None

Language I Prefer to Speak

☐ English ☐ Spanish ☐ Other Language (specify):

Highest Degree Earned

☐ Less Than 11 Grade Completed ☐ High School Diploma/GED ☐ Trade/Tech School
☐ College Degree ☐ Graduate Degree ☐ None

Highest Grade Completed

Currently a Student ☐ Yes ☐ No	Current Grade Level	In the Past 30 School Days, Number of Days Attended

Have you been suspended or expelled from school in the past 12 months?
☐ Yes ☐ No

Primary Work

☐ Part Time ☐ Full Time ☐ Disabled ☐ Unpaid Worker
☐ Retired ☐ Homemaker ☐ In Armed Forces ☐ Inmate/Resident of Hospital
☐ Student ☐ Unemployed-Not Seeking Employment ☐ Unemployed-Seeking Employment

Is religion or spirituality important to you?
☐ Yes ☐ No

Military

☐ None ☐ Active Duty ☐ Reservist-Non Active ☐ Reservist-Active ☐ Veteran ☐ Served/Non-Veteran

Marital/Partner Status

☐ Never Married ☐ Married ☐ Divorced ☐ Widowed

Referred/Ordered By

☐ Self or Parent/Guardian ☐ Alcohol or Drug Provider ☐ Health Care Provider ☐ School
☐ Employer/EAP ☐ Court/Criminal Justice ☐ Community Referral

Court Referred By

Criminal Justice Referred By

☐ State/Federal ☐ Probation/Parole ☐ Municipal Court ☐ Diversionary/Drug Court ☐ Prison ☐ DUI

Any Agency Involvement

☐ Alcohol or Drug Provider ☐ Health Care Provider ☐ School ☐ Employer/LEAP
☐ Court/Criminal Justice ☐ Community Referral ☐ Other Social Services

Other Agency Involvement

Events Leading Up to Referral

Check All That Apply For the Last 30 Days

Suicide

☐ Wishes to be Dead ☐ Thoughts ☐ Plans ☐ Attempts ☐ Attempts/Completion by Family ☐ None

Intentional Harm

☐ Cutting ☐ Burning ☐ Other Self Harm (specify): _____

Violence

☐ Homicide Thoughts ☐ Homicide Plans ☐ Homicide Threats ☐ Destroyed Property ☐ Assault

In the last 30 days, how many times have you used any of the following?

In the past 30 days, have you used Tobacco?

☐ None ☐ 1-3 Times ☐ 1-2 Times Weekly ☐ 3-6 Times Weekly ☐ Daily

In the past 30 days, have you used Alcohol?

☐ None ☐ 1-3 Times ☐ 1-2 Times Weekly ☐ 3-6 Times Weekly ☐ Daily

In the past 30 days, have you used Marijuana/THC?

☐ None ☐ 1-3 Times ☐ 1-2 Times Weekly ☐ 3-6 Times Weekly ☐ Daily

In the past 30 days, have you used Sedative/Hypnotics/Analytics?

☐ None ☐ 1-3 Times ☐ 1-2 Times Weekly ☐ 3-6 Times Weekly ☐ Daily

In the past 30 days, have you used Inhalants?

☐ None ☐ 1-3 Times ☐ 1-2 Times Weekly ☐ 3-6 Times Weekly ☐ Daily

In the past 30 days, have you used Hallucinogens?

☐ None ☐ 1-3 Times ☐ 1-2 Times Weekly ☐ 3-6 Times Weekly ☐ Daily

In the past 30 days, have you used Opiates/Opioids?

☐ None ☐ 1-3 Times ☐ 1-2 Times Weekly ☐ 3-6 Times Weekly ☐ Daily

In the past 30 days, have you used Cocaine?

☐ None ☐ 1-3 Times ☐ 1-2 Times Weekly ☐ 3-6 Times Weekly ☐ Daily

In the past 30 days, have you used PCP?

☐ None ☐ 1-3 Times ☐ 1-2 Times Weekly ☐ 3-6 Times Weekly ☐ Daily

In the past 30 days, have you used Amphetamines?

☐ None ☐ 1-3 Times ☐ 1-2 Times Weekly ☐ 3-6 Times Weekly ☐ Daily

In the past 30 days, have you misused Over-the-Counter (OTC) Medications?

☐ None ☐ 1-3 Times ☐ 1-2 Times Weekly ☐ 3-6 Times Weekly ☐ Daily

Currently Participating in Opioid Replacement Therapy	Have you ever used a needle to administer a substance?
☐ Yes ☐ No	☐ Yes ☐ No
Have you ever shared needles?	Number of Addiction Treatments
☐ Yes ☐ No	

My Primary (1st) Preferred Drug of Use

☐ Alcohol ☐ Amphetamines ☐ Marijuana/THC ☐ Cocaine
☐ Halluginogens ☐ Inhalants ☐ Opiates/Opioids ☐ PCP
☐ Sedatives/Anxiety Meds ☐ Tobacco ☐ OTC

Age at First Use (Primary)	Number of Days of Substance Used in Past 30 Days

My Secondary (2nd) Preferred Drug of Use

- [ ] Alcohol
- [ ] Amphetamines
- [ ] Marijuana/THC
- [ ] Cocaine
- [ ] Halluginogens
- [ ] Inhalants
- [ ] Opiates/Opioids
- [ ] PCP
- [ ] Sedatives/Anxiety Meds
- [ ] Tobacco
- [ ] OTC

Age at First Use (Secondary)	Number of Days of Substance Used in Past 30 Days

My Tertiary (3rd) Preferred Drug of Use

- [ ] Alcohol
- [ ] Amphetamines
- [ ] Marijuana/THC
- [ ] Cocaine
- [ ] Halluginogens
- [ ] Inhalants
- [ ] Opiates/Opioids
- [ ] PCP
- [ ] Sedatives/Anxiety Meds
- [ ] Tobacco
- [ ] OTC

Age at First Use (Tertiary)	Number of Days of Substance Used in Past 30 Days

My Quaternary (4th) Preferred Drug of Use

- [ ] Alcohol
- [ ] Amphetamines
- [ ] Marijuana/THC
- [ ] Cocaine
- [ ] Halluginogens
- [ ] Inhalants
- [ ] Opiates/Opioids
- [ ] PCP
- [ ] Sedatives/Anxiety Meds
- [ ] Tobacco
- [ ] OTC

Age at First Use (Quaternary)	Number of Days of Substance Used in Past 30 Days

Medical Conditions (check all that apply)

- [ ] Diabetes
- [ ] MRSA
- [ ] HIV
- [ ] Hepatitis
- [ ] Hypertension
- [ ] C diff (Clostridium Difficile)
- [ ] Chronic Pain
- [ ] TB (Tuberculosis)
- [ ] TB Exposure by Travel/Contact
- [ ] Thyroid Disease
- [ ] Other Conditions
- [ ] None

Other Conditions

Family Medical and Psychosocial History (check all that apply)

- [ ] Schizophrenia
- [ ] Depression
- [ ] Heart Disease
- [ ] Addiction
- [ ] Bipolar Disorder
- [ ] Suicide
- [ ] ADHD
- [ ] Learning Disabilities
- [ ] Parental Divorce

Current Medications

- [ ] Yes
- [ ] No

Current Medications

Identify Any Negative or Frightening Things That May Have Happened to You

- [ ] Sexual Abuse
- [ ] Emotional Abuse
- [ ] Combat
- [ ] Repeated Blows to Head
- [ ] Victimization (Exploitation)
- [ ] Victim of Rape
- [ ] Significant Loss
- [ ] Physical Abuse
- [ ] Seeing Someone Abused
- [ ] Severe Child Neglect
- [ ] Significant Injury/Disease
- [ ] Unable/Refused
- [ ] None

Over the past two weeks, I've had little interest or pleasure in doing things ☐ Not at All ☐ Several Days ☐ Most Days ☐ Every Day
Over the past two weeks, I've been feeling down, depressed, or hopeless ☐ Not at All ☐ Several Days ☐ Most Days ☐ Every Day
In the past 30 days, I sleep more than usual ☐ Not at All ☐ Several Days ☐ Most Days ☐ Every Day
In the past 30 days, I sleep less than usual ☐ Not at All ☐ Several Days ☐ Most Days ☐ Every Day
In the past 30 days, I go without sleep ☐ Not at All ☐ Several Days ☐ Most Days ☐ Every Day
In the past 30 days, I felt nervous, anxious, on edge, or worried ☐ Not at All ☐ Several Days ☐ Most Days ☐ Every Day
In the past 30 days, I have not been able to stop or control worrying ☐ Not at All ☐ Several Days ☐ Most Days ☐ Every Day
In the past 30 days, I perform repetitive behaviors in patterns ☐ Not at All ☐ Several Days ☐ Most Days ☐ Every Day
In the past 30 days, I heard voices that other people couldn't hear ☐ Not at All ☐ Several Days ☐ Most Days ☐ Every Day
In the past 30 days, I've felt that someone could hear my thoughts ☐ Not at All ☐ Several Days ☐ Most Days ☐ Every Day
In the past 30 days, I've had in intense fear of gaining weight or becoming fat ☐ Not at All ☐ Several Days ☐ Most Days ☐ Every Day
In the past 30 days, I've consumed a significant amount of food without control ☐ Not at All ☐ Several Days ☐ Most Days ☐ Every Day
In the past 30 days, any day/night wetting or soiling self ☐ Not at All ☐ Several Days ☐ Most Days ☐ Every Day
In the past 30 days, I've had difficulty sustaining attention during play or at school ☐ Not at All ☐ Several Days ☐ Most Days ☐ Every Day
In the past 30 days, I fail to finish schoolwork/chores ☐ Not at All ☐ Several Days ☐ Most Days ☐ Every Day
In the past 30 days, fidgets, squirms and/or talks more than others of the same age ☐ Not at All ☐ Several Days ☐ Most Days ☐ Every Day
In the past 30 days, I've easily lost my temper ☐ Not at All ☐ Several Days ☐ Most Days ☐ Every Day
In the past 30 days, actively defies or refuses to comply with adult rules ☐ Not at All ☐ Several Days ☐ Most Days ☐ Every Day
In the past 30 days, I blame others for mistakes or behavior ☐ Not at All ☐ Several Days ☐ Most Days ☐ Every Day
In the past 30 days, I've been emotionally detached/shows little interest in others ☐ Not at All ☐ Several Days ☐ Most Days ☐ Every Day
In the past 30 days, I've had trouble with transitions and/or inflexible about routines ☐ Not at All ☐ Several Days ☐ Most Days ☐ Every Day
In the past 30 days, I've had unusual preoccupations ☐ Not at All ☐ Several Days ☐ Most Days ☐ Every Day

In the past 30 days, I've had difficulty at school with (check all that apply) ☐ Reading ☐ Writing ☐ Math ☐ Spelling	
In the past 30 days, significant truancy or at risk of school dropout? ☐ Yes ☐ No	
Emergency Room in the Past 30 Days? ☐ Yes ☐ No	Number of Days in the ER in the Past 30 Days
Why did you go to the emergency room? ☐ Suicide ☐ Self Harm ☐ Withdrawal/Detox ☐ Other	
Other Reason for Emergency Room Visit	
In the past 30 days, how many days have you been hospitalized?	Number of Days Employed in the Past 30 Days
Number of Arrests in the Past 30 Days	Number of Days Attended Any Self-Help in the Past 30 Days
Number of Arrests in the Past 12 Months	Number of Previous Adult Criminal Convictions
Number of Days Homeless in the Past 30 Days	Number of Previous Adult Incarcerations