

# Children's Questions

Children 3-11

My Name is: \_\_\_\_\_

1. Who do you live with? (check all the people)

- Mom                       Grandma       Step Mom       Aunt  
 Dad                         Grandpa       Step Dad       Foster Parents  
 Adoptive Parents

2. Do you have brothers and/or sisters? .....  Yes  No

Brother's name(s): \_\_\_\_\_

Age(s): \_\_\_\_\_

Sister's name(s): \_\_\_\_\_

Age(s): \_\_\_\_\_

3. Is it hard to share your things? .....  Yes  No

4. Do you have a personal place to put your favorite things? .....  Yes  No

5. Are there other kids in your neighborhood for you to play with? .....  Yes  No

6. Do you go to their house? .....  Yes  No

7. Do they come to your house? .....  Yes  No

8. Does anybody bully you? .....  Yes  No

9. Do you feel like you have trouble learning? .....  Yes  No

What makes it hard for you? \_\_\_\_\_

\_\_\_\_\_

10. Do you have to take medicine every day? .....  Yes  No

Why do you take the medicine? \_\_\_\_\_

\_\_\_\_\_

11. Has anyone ever touched your body in the private parts? .....  Yes  No

Did this happen a lot? .....  Yes  No

Is it still happening to you? .....  Yes  No

12. Has anyone yelled at you, made you go without food or clothes? .....  Yes  No

Who: \_\_\_\_\_

How old were you: \_\_\_\_\_

13. Do you like school?.....  Yes  No

What is your favorite part? \_\_\_\_\_

14. Do you have pets?.....  Yes  No

What kind of pet(s) do you have?:  dog  cat  guinea pig  fish  other: \_\_\_\_\_

Do you play with your pet(s)?  a lot  sometimes  hardly ever

15. What is your favorite:

Color? \_\_\_\_\_

Game? \_\_\_\_\_

TV Show? \_\_\_\_\_

Activity? \_\_\_\_\_

Person To Be with? \_\_\_\_\_

16. Do you have relatives that you get to see?.....  Yes  No

17. Has anyone ever offered you drugs?.....  Yes  No

Has anyone ever offered you alcohol/beer to drink? .....  Yes  No

Have you ever tried:

Drugs

Alcohol

Sex

Does anyone you care about use drugs or alcohol? .....  Yes  No

18. Are you afraid of getting hurt by someone in your family?.....  Yes  No

Who? \_\_\_\_\_

19. Are you afraid you could get really mad and hurt someone or your pet?.....  Yes  No

What happens to make you feel this way? \_\_\_\_\_

20. Are there rules in your family? .....  Yes  No

Do you follow the rules?

All Of The Time

Some Of The Time

Hardly Ever

21. Do you have any goals in the next 3 years? (Goals are something you would like to work on and get better at)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Do you think about:

- |   |  |
|---|--|
| <input type="checkbox"/> Hurting Yourself             | <input type="checkbox"/> Hurting Your Pet                                    |
| <input type="checkbox"/> Running Away                 | <input type="checkbox"/> Yelling At Your Teacher                             |
| <input type="checkbox"/> Yelling At Your Mom          | <input type="checkbox"/> Getting Back At Someone Who Picked On You In School |
| <input type="checkbox"/> Yelling At Your Dad          |  |
| <input type="checkbox"/> Hurting Your Brother/ Sister |  |

23. Check the words that describe you: (Check as many as you think fit you)

- |   |                                   |                                 |                                   |                                       |
|---|-----------------------------------|---------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Shy                | <input type="checkbox"/> Happy    | <input type="checkbox"/> Smart  | <input type="checkbox"/> Handsome | <input type="checkbox"/> Good Athlete |
| <input type="checkbox"/> Outgoing           | <input type="checkbox"/> Sad      | <input type="checkbox"/> Stupid | <input type="checkbox"/> Cute     | <input type="checkbox"/> Good Student |
| <input type="checkbox"/> Practices Religion | <input type="checkbox"/> Tall     | <input type="checkbox"/> Pretty | <input type="checkbox"/> Strong   | <input type="checkbox"/> Friendly     |
| <input type="checkbox"/> Artistic           | <input type="checkbox"/> Short    | <input type="checkbox"/> Ugly   | <input type="checkbox"/> Weak     | <input type="checkbox"/> Lonely       |
| <input type="checkbox"/> Creative           | <input type="checkbox"/> Truthful | <input type="checkbox"/> Lies   | <input type="checkbox"/> Funny    | <input type="checkbox"/> Other: _____ |

24. Check all the words that describe your family:

- |                                    |                                      |                                       |
|------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Happy     | <input type="checkbox"/> Chaotic     | <input type="checkbox"/> Comfortable  |
| <input type="checkbox"/> Stable    | <input type="checkbox"/> Poor        | <input type="checkbox"/> Sad          |
| <input type="checkbox"/> Wealthy   | <input type="checkbox"/> Interactive | <input type="checkbox"/> Isolated     |
| <input type="checkbox"/> Nurturing | <input type="checkbox"/> Distant     | <input type="checkbox"/> Disconnected |

25. Draw a picture of yourself:



26. Draw a picture of your family:

