

**Parental Assessment Questionnaire for
Potential Aggressive or Self-Injurious Behavior in Children and Adolescents**

- Please list ten situations that tend to cause your child to become out of control.
For example: Being told NO, Being placed on restriction

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

- Please list ten behaviors that tell you your child is going to become violent, destructive, out of control, or self-injurious. *For example:* Pacing or Yelling

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

- What do you notice in the minutes or seconds before your child becomes violent, destructive, out of control, or self-injurious?

- What helps your child calm down?

- What have you found to be effective in managing your child’s acting up or out-of-control behavior?

- How does your child react when someone touches him or her?

- Is there a history of violent, aggressive, or destructive behavior in the extended family (aunts, uncles, grandparents, cousins, etc.)? If so, please indicate the family members and describe the difficulties each has experienced *For example:* Cousin who gets into frequent fights, Uncle with history of domestic violence

- Has your child directly observed violent, aggressive, or destructive behavior?

In the family? _____

Between which family members? *Example:* Mother and her brothers

How frequently? _____

- Is there a history of legal difficulties in the extended family (your child's aunts, uncles, grandparents, cousins, etc.)? If so, please indicate the family members and the difficulties each has encountered. *For example:* Aunt arrested for shoplifting, Cousin in jail for assault and battery, Uncle convicted of armed robbery

- Has your child been involved in fighting at school or in the neighborhood? If so, please describe situations that cause this behavior.

- Has your child been teased by other children or adolescents? If so, what are the things your child has been teased about and what seems to set him or her off?

- Has your child been physically or sexually abused? If so, please list and describe the abuse(s) and how frequently it/they occurred.

- Has your child ever had a head injury? If so, please give details.

- Is your child involved in the juvenile court system? If so, what charges have been filed?

- Has your child ever been charged with assault and/or battery? If so, please describe.

- Has your child used weapons to hurt others? If so, please describe.

- Has your child been cruel to animals? If so, please describe.

- Has your child developed a recent interest in guns, bomb making, or violent groups? If yes, please describe.

- Does your child have difficulty understanding the feelings of others and/or have little remorse for aggressive behavior? If so, please explain and give examples.

- Does your child have difficulty connecting with others emotionally? _____
Please explain and give examples.

- Has your child brought a gun or knife to school? _____ If so, please explain and give details.

- Has your child made a threat against another student, teacher, principal, or counselor? If so, please explain and give details.

- Has your child attempted suicide? _____ How many times? _____

- What methods of attempting suicide has your child used?
Overdose _____ Firearms _____ Knives _____ Hanging _____ Other _____

Please describe each suicide attempting giving dates, reasons your child gave for attempting suicide, methods of attempting, resulting hospitalizations, instructions given by professionals to prevent future attempts, and any other information about the suicide attempts which you feel may be useful.

- Other than suicide attempts, does your child have a history of harming him or herself? If so, please describe any self-injurious behaviors and explain what precipitates these behaviors. *For example: What: Hitting self, Cutting on self, When: Lonely, Bored, or Angry.*
