Additional Information regarding your Adolescent.

Purpose:
This questionnaire helps me understand your child's background, personality, and current functioning so that therapy can be as effective and supportive as possible. Please complete the sections you feel comfortable with. There are no right or wrong answers — your honest impressions are most helpful.

1. General Information

Child's full name:

Date of birth:

Age:

Current grade:

Type of schooling: ☐Mainstream ☐Special needs ☐Homeschool ☐Online school ☐Other: _____

Name of school (if applicable):

Who does your child live with?

Names and ages of siblings:

2. Family and Significant Life Events

2.1 Have there been any major changes or stressful events in your child's or family's life? (e.g., divorce, loss, illness, relocation, trauma, financial strain) ☐Yes ☐No

If yes, please describe briefly: _____

2.2 How do you think these events have affected your child? _____

Statement	Not at all	Slightly	Somewhat	Very much
2.3 My child is currently under significant stress	☐	☐	☐	☐

3. Your Child's Personality, Likes, and Dislikes

3.1 How would you describe your child's personality?

3.2 What are your child's strengths?

3.3 What are your child's likes/enjoyable activities?

3.4 What are your child's dislikes/avoidances?

4. Sleeping Habits

4.1 Usual bedtime: _____ Wake-up time: _____

4.2 Sleep concerns: ☐Difficulty falling asleep ☐ Frequent waking ☐ Nightmares ☐ Early waking ☐ None

4.3 Recent changes in sleep? ☐Yes ☐No

5. Appetite and Eating Habits

Please complete the table below as accurately as possible.

Area	Description / Notes
Typical meal pattern (e.g., 3 meals, snacks, skips breakfast, grazes, etc.)	
Appetite level (e.g., low, average, high)	
Food preferences / strong dislikes	
Sensitivity to textures, smells, or specific foods	

Any history of restrictive or overeating patterns	
Recent changes in appetite or eating habits	
Family mealtime environment (e.g., eats with family, alone, in front of screens)	

Please rate:

Statement	Never	Occasionally	Often	Always
My child eats regular meals				
My child seems comfortable around food and eating				
My child shows signs of picky eating				
My child's appetite seems affected by mood or stress				

5. Friendships and Social Interactions

5.1 How easily does your child make and keep friends? ☐Very easily ☐Somewhat ☐With difficulty ☐Prefers to be alone

5.2 Who are your child's closest friends or social connections?

5.3 Has your child experienced bullying, exclusion, or conflict? ☐Yes ☐No
If yes, please describe:

6. Enjoyable Activities and Coping

6.1 What activities make your child feel happy or calm?

6.2 What activities does your family enjoy together?

6.3 What helps your child cope when upset or stressed?

Statement	Never	Occasionally	Often	Always
My child talks about feelings or problems	☐	☐	☐	☐
My child tends to keep their feelings to themselves	☐	☐	☐	☐

7. Health and Medical Background

7.1 Please include any illnesses, accidents, or operations — even minor ones — as these can have an impact on the nervous system and overall functioning.

Approx. Age	Illness	Falls or Physical Accidents	Operations or Medical Procedures	Comments (e.g., recovery, after-effects)

7.2 Any chronic health issues (e.g., asthma, allergies, headaches, hormonal changes)?

Medication	Dosage	Purpose	Duration	Current?

8. Psychological or Therapeutic History

8.1 Has your child ever received a diagnosis from a psychiatrist or psychologist? ☐Yes ☐No If yes, please specify:

8.2 Has your child received therapy, counselling, or academic support before? ☐Yes ☐No If yes, when and with whom?

8.3 What was helpful or unhelpful about those experiences?

8.4 Are there any reports or assessments (psychological, medical, or school-based) you could share? ☐Yes ☐No ☐Unsure

9. School or Learning Environment

9.1 Please describe your child's learning environment: ☐Mainstream school ☐Special needs school ☐Homeschool ☐Online school ☐Other: _____

9.2 How would you describe your child's academic performance? ☐Above average ☐ Average ☐Below average ☐Variable

9.3 How does your child feel about their learning environment? ☐Enjoys it ☐Mixed feelings ☐Dislikes it ☐Highly anxious about it

Statement	Not at all	Occasionally	Often	Always
My child is motivated to learn				
My child completes schoolwork on time				
Teachers/tutors have expressed concerns (please specify):				
My Child experiences Academic Stress				

9.4 If Academic Stress is present, when was this noticed?

10. Additional Information

Is there anything else you'd like me to know about your child or what you hope therapy can help with?

Sincerely,

Elonie De Klerk

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