

With Hope in Mind: Beginnings Pre-Screen Questionnaire

General information for person taking class:

Name	
Address	
City	
State, ZIP	
Telephone	
e-mail address	

Information on child(ren) with mental illness

Child 1 (name and age)			
Child 2 (name and age)			
Child 3 (name and age)			
Diagnosis Checklist	Child 1	Child 2	Child 3
Tourette's Disorder			
Conduct Disorder			
Bipolar Disorder			
Depressive Disorder			
Eating Disorders			
Anxiety Disorders			
Obsessive-Compulsive			
Post-Traumatic Stress			
Separation Anxiety			
Panic, Phobia, Generalized Anxiety			
Childhood Schizophrenia/Psychosis			
Other			
What would you rate your child's current stability at 1. Crisis level, 2. Unstable, 3. Somewhat stable, 4. Stable			
At what age was your child diagnosed.			
What are your current concerns or main issues?			
Siblings / ages (not w/mental illness)			
How is your support system (spouse, parents, friends)			

Do you need child care? No ___ Yes ___ How many children ___

(If NOT providing centralized childcare) Do you need help in the form of a stipend to help pay for child care? No ___ Yes ___

What additional diagnoses would you like to hear taught other than the one's your child has.

<u>Topics from the Beginnings Class</u>	
Tourette's Disorder	
Conduct Disorder	
Bipolar Disorder	
Depressive Disorder	
Eating Disorders	
Anxiety Disorders	
Obsessive-Compulsive	
Post-Traumatic Stress	
Separation Anxiety	
Panic, Phobia, Generalized Anxiety	
Childhood Schizophrenia/Psychosis	
Other	

What are you hoping to get out of taking With Hope in Mind: Beginnings?

Comments by Interviewer: