

Child's Questionnaire

All questions are important. There are no wrong answers. We would just like to know you. The information on this form is considered confidential. (Use back side of this questionnaire if you need more room.)

My name is _____, I am _____ years old and in the _____ grade at _____ school.

1. The best time of the day at our house is _____
2. The worse time of the day at our house is _____
3. I have the most fun when _____
4. I can make my mother maddest when _____
5. I can make my father maddest when _____
6. My clans are _____
7. My chores at home are _____
8. My favorite traditional activities are _____
9. My parents argue about _____
10. When I get in trouble, my parents discipline me by _____
11. The things I like best about school are _____
12. The things I do not like about school are _____
13. When I bring my report card home, my parents _____
14. My biggest problem is _____
15. The way our family has fun is _____
16. I am involved in activities such as _____
17. The things I like to do most with my friends are _____
18. The best thing about being an adoptive family will be _____
19. The hardest thing about being an adoptive family will be _____
20. My favorite T.V. shows, movies, games and songs _____
21. I stay at my friends on _____

Date: _____