

*Roberta Tsukahara, Ph.D., P.A.*

## PARENTING SKILLS QUESTIONNAIRE

Name: \_\_\_\_\_

Relationship to Child/children (circle):

Mother    Father    Step-parent    Other \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child/children (circle):

Mother    Father    Step-parent    Other \_\_\_\_\_

Children:

(1)    Name                      Sex    Age    Primary Concern:

\_\_\_\_\_

What strategies have you tried?

(2)    Name                      Sex    Age    Primary Concerns

\_\_\_\_\_

What strategies have you tried?

(3)    Name                      Sex    Age    Primary Concerns

\_\_\_\_\_

What strategies have you tried?

(4)    Name                      Sex    Age    Primary Concerns

\_\_\_\_\_

What strategies have you tried?

Are you currently involved in any legal suits regarding the children named above? \_\_\_\_\_

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have sought help with parenting skills before (e.g., books, counseling), please describe your experiences, including what was helpful and what wasn't. \_\_\_\_\_

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What do you want to achieve in your meetings with Dr. Tsukahara? \_\_\_\_\_

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Briefly describe your philosophy of parenting. If you are co-parenting with a current or former spouse, in what areas do you agree? Disagree? How do you and your partner handle disagreements about parenting? \_\_\_\_\_

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**If you have access to the internet and a printer, please be sure to complete these additional forms before our first appointment:**

- ***General Information (1)***
- ***Notice of Privacy Practices (2)***
- ***Client Agreement & Consent (3)***
- ***History Questionnaire (4)***

All are available on the website ([www.ADDaustin.com](http://www.ADDaustin.com) – Forms).