Parent/Family Questionnaire (Revised July 2006)

Your name		Your relation	n to youth					
Youth's Name			You	ith's Age				
You	th's Gender	□ Male	□ Female					
1)	Who does you	ur child live w	ith most of the tim	e?				
2)						ry close newhat o close	(PF5.10)	
3)	Does your chi members of h		se relationship wit	h other		□ Yes	□ No	(PF5.10)
4)	Does your chi mostly A's and		ds (more than one ol?) who are getting		□ Yes	□ No	(PF3.4)
5)	Has your child stealing or fig	• •	blem behaviors at	school such as		□ Yes	□ No	(R4.1)
6)			our child's life who ing well or when h			□ Yes	□ No	(PF3.6)
7)	Has your child	d ever run aw	ay from home?			□ Yes	□ No	(R4.6)
	If yes, how ma	any times? _						
	What is the lo away from ho	• •	nild has been away	y when he/she rar	١			
8) C) Do you know where your child is when he/she is not at home?				 □ Always □ Most of the tin □ Some of the t □ None of the t 		time	
9)	Does anyone or alcohol?	in your child'	s household or far	nily abuse drugs		□ Yes	□ No	(R5.7)
10)	Has there bee or family in the		or separation in yo nths?	ur child's househo	old	□ Yes	□ No	(R5.8)
11)	Has your child more than one		ily moved or child 12 months?	changed househo	olds)	□ Yes	□ No	(R5.8)
12)	What does yo	ur child do fo	r fun?				<u>.</u>	(PF4.5)