

*Deseret Counseling Center*  
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COMPREHENSIVE FAMILY EVALUATION  
QUESTIONNAIRE

The following questionnaire is required to begin the Family Evaluation. Please complete every question. Write "none" if the question does not apply. Then please sign where indicated at the bottom of page 8. Thank you.

PLEASE PRINT

**Identifying Data: Parent**

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You're Present Name other names by which you are known

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Date of Birth      Age      SS#      Birth Place      Religion

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Address      City, Zip      Home Phone      Business or Message Phone

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E-mail Address

**Identifying Data: Children**

1. \_\_\_\_\_  
Child's Full Name      Date of Birth      Who he/she lives with

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School/Day Care      Address, City, Zip      Telephone

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Grade      Teacher's Name      Hours of Attendance

2. \_\_\_\_\_  
Child's Full Name      Date of Birth      Who he/she lives with

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School/Day Care      Address, City, Zip      Telephone

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Grade \_\_\_\_\_ Teacher's Name \_\_\_\_\_ Hours of Attendance \_\_\_\_\_

3.

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Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Who he/she lives with \_\_\_\_\_

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School/Day Care \_\_\_\_\_ Address, City , Zip \_\_\_\_\_ Telephone \_\_\_\_\_

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Grade \_\_\_\_\_ Teacher's Name \_\_\_\_\_ Hours of Attendance \_\_\_\_\_

**List all your other children not involved in this court action:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Living with: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Living with: \_\_\_\_\_

**INFORMATION ABOUT THE CHILDREN INVOLVED IN THE COURT ACTION**

Describe the parenting-time arrangements the Court has ordered for your children:

With Father: \_\_\_\_\_

With Mother: \_\_\_\_\_

Describe your current parenting time arrangements, if they differ from what the Court has ordered:

With Father: \_\_\_\_\_

With Mother: \_\_\_\_\_

Has legal custody been ordered by the Court? (if yes, describe) \_\_\_\_\_

**Physical Health:**

List the children's physician or health care provider: (complete name, address, and telephone)

Do any of the children have physical problems which require regular medical care and/or

medications? (If yes, explain) \_\_\_\_\_

**Mental Health:**

Do any of the children presently have emotional problems? (If yes, explain) \_\_\_\_\_

Have any of the children been evaluated or treated by a psychiatrist, psychologist, social worker or counselor? (If yes, please complete section below) \_\_\_\_\_

- \_\_\_\_\_  
Child's Name Presenting Problem
- \_\_\_\_\_  
Therapist's Name, Address, and Telephone Date(s) Seen
- \_\_\_\_\_  
Child's Name Presenting Problem
- \_\_\_\_\_  
Therapist's Name, Address, and Telephone Date(s) Seen

**INFORMATION ABOUT THE PARENTS**

**Residence History:**

List your previous addresses for the last 5 years, beginning with the most recent.

| Address | Date Moved In | Date Moved Out | Reason for Leaving |
|---------|---------------|----------------|--------------------|
| _____   | _____         | _____          | _____              |
| _____   | _____         | _____          | _____              |
| _____   | _____         | _____          | _____              |
| _____   | _____         | _____          | _____              |

List other people who regularly spend time in your home.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation to you: \_\_\_\_\_



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**Physical Health:**

List your physician or health care provider: (Complete name, address, and telephone)

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Do you or the other parent have a health problem that impairs your ability to care for the children?  
(If yes, explain)

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**Drug and Alcohol Use:** (Answer questions 1 through 7, yes or no.)

1. Has either parent used illegal drugs? Mother: Yes\_\_No\_\_ Father: Yes\_\_No\_\_

2. Has either parent used alcohol? Mother: Yes\_\_No\_\_ Father: Yes\_\_No\_\_

Frequency\_\_\_\_\_

3. Does either parent currently use illegal drugs? Mother: Yes\_\_No\_\_ Father: Yes\_\_No\_\_

4. Does either parent currently use alcohol? Mother: Yes\_\_No\_\_ Father: Yes\_\_No\_\_

5. Has either parent been treated for substance abuse? Mother: Yes\_\_No\_\_ Father: Yes\_\_No\_\_

(If yes, where and when did treatment take place)\_\_\_\_\_

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6. Does either parent have a substance abuse problem? Mother: Yes\_\_No\_\_ Father: Yes\_\_No\_\_

7. Has either parent participated in drug/alcohol testing in the past two years?

(If yes, explain)\_\_\_\_\_

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**AND/OR**

**Current Significant Other:**

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|               |               |                        |
|---------------|---------------|------------------------|
| Name (maiden) | Date of Birth | Social Security Number |
|---------------|---------------|------------------------|

How long have you know this person? \_\_\_\_\_

Are you living with this person? If yes, for how long? \_\_\_\_\_

Are you presently contemplating marriage? If yes, when? \_\_\_\_\_

If you have children with this person provide their names and ages.

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List all prior marriage and live-in partners, beginning with the most recent. (Use maiden name for prior marriage partners)

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|      |               |                        |
|------|---------------|------------------------|
| Name | Date of Birth | Social Security Number |
|------|---------------|------------------------|

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|                        |              |                |               |
|------------------------|--------------|----------------|---------------|
| Date Moved-in together | Date Married | Date Separated | Date Divorced |
|------------------------|--------------|----------------|---------------|

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Names and ages of children born to the relationship

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|      |               |                        |
|------|---------------|------------------------|
| Name | Date of Birth | Social Security Number |
|------|---------------|------------------------|

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|                        |              |                |               |
|------------------------|--------------|----------------|---------------|
| Date Moved-in together | Date Married | Date Separated | Date Divorced |
|------------------------|--------------|----------------|---------------|

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Names and ages of children born to the relationship

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|      |               |                        |
|------|---------------|------------------------|
| Name | Date of Birth | Social Security Number |
|------|---------------|------------------------|

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|                        |              |                |               |
|------------------------|--------------|----------------|---------------|
| Date Moved-in together | Date Married | Date Separated | Date Divorced |
|------------------------|--------------|----------------|---------------|

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Names and ages of children born to the relationship

**Domestic Violence/Child Abuse:**

1. Have any of the following occurred between you and the other parent?

Verbal confrontation?      No \_\_\_ Yes \_\_\_  
Physical confrontation?    No \_\_\_ Yes \_\_\_  
Violence to property?      No \_\_\_ Yes \_\_\_

2. Have the police been called to protect or intervene due to a dispute between you and the other parent?

No \_\_\_\_\_ Yes \_\_\_\_\_

3. Has an Order of Protection ever been issued against you or the other parent?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, which court issued the order and when? \_\_\_\_\_

4. Is there a current Order of Protection?

No \_\_\_\_\_ Yes \_\_\_\_\_

Have you, the other parent and/or any of the children been involved with Child Protective Services?  
(If yes, give date and the name of the caseworker)

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**ACCESS AND PARENTING-TIME ISSUES**

List ways in which the children benefit from their relationship with you.

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List ways in which the children benefit from their relationship with the other parent.

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**Proposed Parenting-Time Arrangements:**

Describe the amount of time you think the children should spend with each parent.

With Father: \_\_\_\_\_

With Mother \_\_\_\_\_

Describe how major decisions regarding the children should be made. \_\_\_\_\_

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*Concerns:*

List any concerns about the other parent's ability to care for the children.

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What has prevented you and the other parent from resolving this dispute over custody and parenting time?

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\_\_\_\_\_  
Signature of person completing this questionnaire

\_\_\_\_\_  
Date Completed