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**CHILD ASSESSMENT INVENTORY**

home,             adoptive home     foster home,  
 guardianship    \_\_\_\_\_

**Child's ethnicity** \_\_\_\_\_

**Parent's ethnicity** \_\_\_\_\_

**Parent's name** \_\_\_\_\_

**Parent's address** \_\_\_\_\_

**Parents or Guardians: When you are completing this questionnaire, please write down examples of the behaviors that you check off on the form. This will help very much in the evaluation process.**

**CHILD MENTAL STATUS**

Client's age \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_  
Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Ht \_\_\_\_\_ Wt. \_\_\_\_\_

Physical Development ( ) Undersize ( ) Oversize ( ) Age Appropriate

Appearance: ( ) appropriately dressed for the occasion  
( ) disheveled dress ( ) grossly mismatched or "inappropriate" attire,  
( ) meticulous neatness ( ) Other

Grooming: ( ) Average ( ) Below Average ( ) Above Average

Health: Healthy appearance, poor hygiene, sickly appearance, particularly  
youthful appearance, particularly old looking, obese, low body weight.  
Tense posture, slumped posture, excessive perspiration, other

Intellectual Development: ( ) Average ( ) Slow ( ) Advanced

Language Development: ( ) Age Appropriate ( ) Slow-Immature  
( ) Advanced

Social Development: ( ) Age Appropriate ( ) Shy, Withdrawn  
( ) Aggressive ( ) Indiscriminate

Mood: ( ) Appropriate ( ) Depressed ( ) Angry-Resentful  
( ) Anxious ( ) Flat

Activity Level ( ) Appropriate ( ) Slow-Lethargic ( ) Over-active

Eye contact: ( ) Appropriate ( ) Poor ( ) Unusual

Indicators of Thought Disorder ( ) None ( ) Other

Hallucinatory experience:

Delusional Ideation, Loose associations, Language Distortion

Unusual Behavior ( ) Other

Indications of Suicidal Threat or Preoccupation

None ( ) Slight ( ) Moderate ( ) Substantial

Distortions of Orientation: ( ) None ( ) Person ( ) Place / Time  
( ) Short Term Memory ( ) Long Term Memory

Indications of Child Abuse: ( ) None ( ) Slight ( ) Moderate ( ) Severe

**CULTURE-RACE**

1. What is the child's ethnic background?

- Caucasian (White)     Asian-Pacific Islander     Southern European     East European  
 African-American     Hispanic     Northern European     American Indian  
 Alaska Native

2. Is the child's cultural heritage important in their life?  Yes  No

3. How often has the child or a close family member been unfairly treated because of your or their cultural heritage?

- Every week     Once or twice a year     Never  
 Once a month     Once or twice in my life     Don't know

Narrative:

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**RELIGION**

1. What is the child's present religion?

- |               |                    |                         |
|---------------|--------------------|-------------------------|
| 1. None       | 4. Other Christian | 7. Buddhist             |
| 2. Protestant | 5. Jewish          | 8. Other non- Christian |
| 3. Catholic   | 6. Muslim          | 9. Other _____          |

2. Has the child or child's parents or caretakers ever been involved or later determined that they were involved in a cult or cult activities?

- Yes     No.

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**LEGAL STATUS**

1. Is there any legal action pending which involves your child (e.g. court hearings, probation, detention, etc.) ( ) Yes ( ) No. If yes, explain.

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2. Is your child now or ever been (or any of your children) a temporary or permanent ward of the court. ( ) Yes ( ) No If yes, explain briefly.

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3. Has either parent been involved with Child Protective Services?  
( ) Yes ( ) No If yes, explain briefly.

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4. Are there any other legal actions involving either parent? ( ) Yes ( ) No  
If yes, explain briefly.

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**PREGNANCY HISTORY OF MOTHER**

1. How many pregnancies did the mother have before this pregnancy? \_\_\_

2. Were any pregnancies terminated? ( ) Yes ( ) No

3. Was this a planned pregnancy? ( ) Yes ( ) No

4. Was this pregnancy nine full months? ( ) Yes ( ) No

If not, how long? \_\_\_\_\_

5. Were any pregnancies result of artificial insemination? ( ) Yes ( ) No

6. If so, do you know the identity of the sperm donor? ( ) Yes ( ) No

7. Was any pregnancy the result of a rape or unintended sexual event?  
( ) Yes ( ) No

8. Did any of the mother's pregnancies before this one end in miscarriage?  
( ) Yes ( ) No

9. Did any of the mother's pregnancies before this one end in stillbirth?  
( ) Yes ( ) No

10. How old was the natural mother when she was pregnant with this child?  
\_\_\_\_\_

11. How old was the natural father when the mother became pregnant?  
\_\_\_\_\_

12. Did the mother have bleeding during the pregnancy? ( ) Yes ( ) No

13. The mother had: (1 answer)

- ( ) No morning nausea
- ( ) Mild morning nausea
- ( ) Severe morning nausea
- ( ) Don't know

14. During the pregnancy, did the mother have any illness or medical problems? ( ) Yes ( ) No

15. During pregnancy, did mother have emotional problems? ( ) Yes ( ) No

16. While pregnant, which of these medications did the mother take?  
(circle all that apply)

- 1. Antibiotics
- 2. Medicine for nerves
- 3. Medicine for depression
- 4. Other medicines
- 5. Don't know

15. While pregnant, the mother smoked: (1 answer)

- 1. No cigarettes
- 2. Less than 1 pack a day
- 3. More than 1 pack a day

16. While pregnant, the mother drank or used drugs: (1 answer)

- 1. No alcohol or drugs
- 2. Alcohol and / or drugs on an infrequent social basis
- 3. Alcohol and / or drugs regularly
- 4. Alcohol and / or drugs heavily

17. Did either the mother or father use any hard drugs before or during this pregnancy? ( ) Yes ( ) No

18. Was the mother or father exposed to chemicals or radiation before or during pregnancy? (One answer)

- 1. Toxic chemicals
- 2. Radiation
- 3. Toxic chemicals and radiation
- 4. Neither chemicals or radiation
- 5. Don't know

#### BIRTH HISTORY - ANSWER FOR ALL CHILDREN IN THE HOME

1. Labor was: Answer for each child

- ( ) Easy
- ( ) Normal
- ( ) Hard
- ( ) Don't know

2. The baby or babies were born:

- ( ) Head first
- ( ) Breech
- ( ) Caesarean
- ( ) Don't know

3. Was the baby's oxygen supply in danger during delivery? ( ) Yes ( ) No
4. Were forceps used?----- ( ) Yes ( ) No
5. Was the baby blue at birth?----- ( ) Yes ( ) No
6. Did the baby have any birth defect?----- ( ) Yes ( ) No
7. Did the baby need special medical help at birth?----- ( ) Yes ( ) No
8. Did the mother have any complications after birth?---- ( ) Yes ( ) No
9. Did child remain in hospital past mother?----- ( ) Yes ( ) No
10. How many days was the baby was in the hospital? \_\_\_\_\_
11. Was the baby ever in an intensive care unit? ( ) Yes ( ) No
12. How many pounds did the baby weigh at birth? \_\_\_\_\_
13. Did the baby ever use an apnea monitor? ( ) Yes ( ) No

### DEVELOPMENT

1. In the first few months did the baby eat well?----- ( ) Yes ( ) No
2. In the first few months did the baby sleep well?----- ( ) Yes ( ) No
3. In the first months did baby have breathing problems? ( ) Yes ( ) No
4. Who was the baby's main caretaker? \_\_\_\_\_
5. Did the main caretaker have help to care for the baby? ( ) Yes ( ) No
6. Did baby have medical problems at birth that continued? ( ) Yes ( ) No
7. Was the baby ever diagnosed with failure to thrive?----- ( ) Yes ( ) No
8. Was the baby ever diagnosed as attachment disordered? ( ) Yes ( ) No
9. The baby(s) were: (circle all that apply)
 

1. Cranky	5. Difficult	9. Hard to please	13. Don't know
2. Calm	6. Persistent	10. Easy	
3. Active	7. Social	11. Sleepy	
4. Shy	8. happy	12. Lazy or slow moving	
10. The baby or babies: (circle all that apply)
 

1. Liked to be held	5. Would not make eye contact
2. Cuddled well	6. Seemed sad
3. Rocked self a lot	7. Seemed slow to develop
4. Cried a lot	8. Don't know
11. Most of the baby's developmental milestones seemed to be:
 

1. On time	2. Early	3. Late	4. Don't know
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12. How old was the baby when he or she walked alone?
 

1. Less than 12 months old	3. Older than 15 months	5. Don't know
2. 12 to 15 months old	4. Never walked	
13. The baby started to talk:
 

1. On time	2. Early	3. Late	4. Don't know
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14. The baby's toilet training began: (1 answer)
 

1. At less than 1 1/2 years of age	3. Later than 3 years of age
2. Between 1 1/2 to 3 years of age	4. Don't know

15. Was toilet training a battle?

- 1. Yes
- 2. No
- 3. Don't know

16. Regarding toilet training, the child: (circle all that apply)

- 1. Rarely had accidents after age 3
- 2. Had frequent accidents after age 3
- 3. Is not yet trained for urine control
- 4. Is not yet trained for bowel control
- 5. Does not apply

17. Does the child soil or wet during the day? ( ) Yes ( ) No

18. Does the child soil or wet during the night? ( ) Yes ( ) No

Narrative:

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**MEDICAL HISTORY OF CHILD**

Has your child had:

- High fever----- ( ) Yes ( ) No
- Abscessed ears----- ( ) Yes ( ) No
- Trouble hearing----- ( ) Yes ( ) No
- Had his/her hearing tested----- ( ) Yes ( ) No
- Had tubes in ears----- ( ) Yes ( ) No
- Allergies----- ( ) Yes ( ) No
- Convulsions----- ( ) Yes ( ) No
- Injuries to head----- ( ) Yes ( ) No
- Other injuries----- ( ) Yes ( ) No
- Other illnesses----- ( ) Yes ( ) No
- Hospitalizations----- ( ) Yes ( ) No
- Operations----- ( ) Yes ( ) No
- More than 6 colds or sore throats in 1 year-- ( ) Yes ( ) No
- Trouble seeing----- ( ) Yes ( ) No
- Had his/her eyes tested----- ( ) Yes ( ) No
- Had trouble with teeth----- ( ) Yes ( ) No
- Seen a dentist recently----- ( ) Yes ( ) No
- Had trouble passing urine/stool----- ( ) Yes ( ) No
- More than 15 absences from school----- ( ) Yes ( ) No

Convulsions, fits, or fainting spell----- ( ) Yes ( ) No

Circle any of the following the child has had:

Three-Day measles  
Pneumonia

Ten Day Measles  
Mumps

Chicken Pox  
Whooping Cough

Has the child had fever over 101 degrees?---- ( ) Yes ( ) No

Has the child had other diseases? please list.

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Currently or in the past has child taken any medication for an extended period of time? ( ) Yes ( ) No. If so, please list medications and reasons for taking medications.

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#### CHILD'S CURRENT MEDICAL CHECKLIST

- Diabetes----- ( ) Yes ( ) No
- Heart problems----- ( ) Yes ( ) No
- Kidney problems----- ( ) Yes ( ) No
- Headaches----- ( ) Yes ( ) No
- Hyperactivity----- ( ) Yes ( ) No
- Attention Deficit Disorder----- ( ) Yes ( ) No
- Dizzy spells----- ( ) Yes ( ) No
- Vomiting----- ( ) Yes ( ) No
- Sleep problems----- ( ) Yes ( ) No
- Eating problems----- ( ) Yes ( ) No
- Seizures----- ( ) Yes ( ) No
- Staring spells----- ( ) Yes ( ) No
- Clumsy or slow----- ( ) Yes ( ) No
- Muscle weakness----- ( ) Yes ( ) No
- Visual problems----- ( ) Yes ( ) No
- Hearing problems----- ( ) Yes ( ) No
- Frequent colds----- ( ) Yes ( ) No
- Bowel problems----- ( ) Yes ( ) No
- Urinary tract infection----- ( ) Yes ( ) No
- Other----- ( ) Yes ( ) No

Narrative:

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## ANTISOCIAL BEHAVIOR PROBLEMS

Please answer with Y (yes), N (no), or ? (uncertain) for each item as it applies to the child being assessed.

- ( ) 1. Chronic stealing.
- ( ) 2. Stealing from siblings, parents, friends.
- ( ) 3. Stealing at school.
- ( ) 4. Stealing from store and other places.
- ( ) 5. Chronic lying
- ( ) 6. Lies when the truth would serve the child better
- ( ) 7. Aggressive/assaultive behavior towards each other.
- ( ) 8. Chronic destructiveness towards property.
- ( ) 9. History of arrests for illegal acts.
- ( ) 10. History of acting out in antisocial ways that could have led to arrest.

Narrative:

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## JUVENILE CRIMINAL HISTORY

1. Was the child or teen ever arrested or taken to a Juvenile Court?  
( ) Yes ( ) No
2. How many times was the child arrested and taken to Juvenile Court?  
1. Once                      3. Three times              5. Five times  
2. Twice                      4. Four times                6. Six or more times.
3. Did the child ever do property damage or theft from parent's or a relative's home? ( ) Yes ( ) No
4. Did the child ever do, or become arrested for, the following things:
  - a. Status offenses: ( ) Truancy, ( ) Unruly, ( ) Curfew violation
  - b. ( ) Shoplifting, ( ) Theft, ( ) Pickpocket, ( ) Burglary
  - c. ( ) Purse snatching, ( ) Robbery, ( ) Forgery, ( ) Auto theft,  
( ) Blackmail, ( ) Extortion
  - d. ( ) Soliciting, ( ) Pimping, ( ) Prostitution
  - e. Drug crimes: ( ) Possession, ( ) Use, ( ) Selling,  
( ) Forging prescriptions

- f.  Arson,  Vandalism,  Damaging Property
- g.  Assault,  Battery,  Mugging,  Rape,  Molestation
- h.  Manslaughter,  Homicide
- i. Was the child ever placed on probation?
- j. Was the child ever placed in a detention center?  Yes  No
- k. Was the child placed in a correctional center?  Yes  No
- l. Did the child ever live in a half-way house or similar facility  
due to misbehavior?  Yes  No
- m. Was the child ever cruel to animals?  Yes  No

**Narrative:**

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**SEXUAL ACTING OUT**

- 1. History of molesting younger children.
- 2. Sexually aggressive.
- 3. Seductive (must define in narrative).
- 4. Verbal inappropriateness re: sex.
- 5. Obsessive sexual interest.
- 6. Inappropriate touching or seeking touch.
- 7. Resistance to touch .
- 8. Excessive touching demands.
- 9. Public or excessive masturbation, voyeurism or exhibitionism.
- 10. Victim of sexual abuse.

**Narrative:**

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**DANGER TO OTHERS**

- 1. Aggressive acting out where property is damaged.
- 2. Compulsive fascination with matches or setting fires.
- 3. Teasing and or inflicting pain on animals or people that does not cause injury.
- 4. Bullying
- 5. Frequent threats of violence when frustrated.
- 6. Assaultiveness towards others resulting in serious harm or potentially serious harm.
- 7. Killing or injuring animals.
- 8. Fascination with or efforts to obtain weapons.
- 9. Compulsive talk about killing or injuring others along with threats to do so.

**Narrative:**

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**SIBLINGS**

- 1. How many brothers and sisters does the child have? \_\_\_\_\_
- 2. How well does the child get along with our brothers and sisters?
  - 1. Did not get along at all
  - 2. Not very well
  - 3. Average
  - 4. Better than most brothers and sisters
  - 5. Very well
- 3. Do any of the child's brothers or sisters have emotional problems?  
 Yes  No
- 4. Do any of the child's any of your brothers or sisters have learning problems?  Yes  No
- 5. Do any of them have epilepsy or brain damage?  Yes  No
- 6. Do any of the child's brothers or sisters have problems with alcohol?  
 Yes  No
- 7. Do any of the child's brothers or sisters have problems with drugs?





**Narrative:**

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**PEER SOCIALIZATION**

- 1. Child is shy
- 2. Child is afraid others do not like him or her
- 3. Child's feelings are easily hurt
- 4. Child has few or no friends.
- 5. Child frequently requires adult intervention while interacting with peers.
- 6. Child frequently engages in blaming, tattling, domineering, attention seeking or manipulation when interacting with peers.
- 7. Child prefers to play or interact with people significantly older or younger than him or herself.
- 8. Child is in excessive conflict with peers.
- 9. Child typically unable or unwilling to join in with peer group activities.
- 10. Child has no age-level friendships that have lasted three months or longer.
- 11. Child disturbs other children.
- 12. Child wants to boss other children.

**Narrative:**

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**COMPLIANCE**

- ( ) 1. Frequent refusal to follow directions by adults in authority.
- ( ) 2. Tantrums when directed to do something.
- ( ) 3. Destructiveness or aggressiveness when compliance is requested.
- ( ) 4. Frequent forgetting or ignoring of directions or instructions.
- ( ) 5. Requires repeated requests for compliance.
- ( ) 6. Chronic incomplete or inadequate performance on requested tasks.
- ( ) 7. Excessive complaining or stalling when given directions.
- ( ) 8. Frequent surreptitious rule breaking, stealing, and other violations of rights of others.

**Narrative:**

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**PROBLEMS WITH FEELINGS AND ANGER MANAGEMENT**

- ( ) 1. Child keeps anger to self.
- ( ) 2. Child lets him or herself get pushed around by other children.
- ( ) 3. Child is unhappy.
- ( ) 4. Child carries a chip on his or her shoulder.
- ( ) 5. Child bullies others.
- ( ) 6. Child engages in much bragging and boasting.
- ( ) 7. Child is sassy to \_\_\_ children and \_\_\_ grown-ups.
- ( ) 8. Temper outbursts, explosive & unpredictable behavior
- ( ) 9. Child throws him or herself around
- ( ) 10. Child throws and breaks things.
- ( ) 11. Child pouts and sulks.

**Narrative:**

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