

Sociodemographic Checklist

Child's birth date: ____/____/____ (DM/Y) gender: _____ (M or F) Name: _____

Check the box if the child has a history of any of the following:

- years of hardship and deprivation including poverty (e.g., family dependent on welfare or FBA all their childhood ... do not check off if family's dependence on welfare is episodic or recent)
- sexual abusespecify age when started _____
- physical abusespecify age when started _____
- suicide of a family member *..... specify Mom Dad other _____
- incarceration of a family member *..... specify Mom Dad other _____
- hospitalisation of a family member *
for psychiatric reasons specify Mom Dad other _____
- family member * has cognitive deficits (MR)..... specify Mom Dad other _____
- abuse of drugs or alcohol by a family member * specify Mom Dad other _____
- rape or sexual assault of family member *..... specify Mom Dad other _____

* "family member" means someone who has *actually lived with* the child in the past or currently

- The child has a history of abusing (not including experimenting with) drugs or alcohol.
- The child has someone living with him(her) *currently* who is violent toward other family members
- The child has someone living with him(her) *currently* who sexually assaults others in family
- The child has been diagnosed as brain damaged including specific brain related medical conditions such as epilepsy.
- The child displays learning problems or frustrations in school achievement dating from elementary school.
- The child's mother was in her teens when the child was born.
- The child is medically fragile
- The child has a diagnosis of autism
- The child has been diagnosed with a developmental disability of mild or lower