

# Kidzcope, Inc. Family Orientation Questionnaire

**Please complete this questionnaire and bring to your orientation appointment.**

Date \_\_\_\_\_

Your Name (Parent or Adult participant) \_\_\_\_\_

Your relationship to child/children \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone - Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Can you be contacted at work? \_\_\_yes \_\_\_no

Name of Emergency Contact #1 \_\_\_\_\_

Relationship to the child \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Emergency Contact #2 \_\_\_\_\_

Relationship to the child \_\_\_\_\_ Telephone \_\_\_\_\_

Please list everyone who will be attending including yourself:

Name	Date of Birth	Age	Gender
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Information regarding the person who died:

Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Date of Death \_\_\_\_\_

How death occurred \_\_\_\_\_

S/he is my \_\_\_\_\_

S/he is the child(ren's) \_\_\_\_\_

Have the children been told *everything* about the death? \_\_\_yes \_\_\_no

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If no, what have they **not** been told? \_\_\_\_\_

What other changes has your family experienced in the last 12 months?

(moves, school changes, other losses, etc)

Who in the family is experiencing any of the following since the death occurred?

_____	loss of appetite	_____	bed wetting
_____	increased irritability	_____	forgetfulness
_____	Sleeplessness	_____	nightmares or bad dreams
_____	Violent behavior	_____	physical aches or pains
_____	run away or attempt	_____	suicide attempts or thoughts
_____	Other ( <i>Please explain</i> )		

Are any family members currently receiving counseling or therapy?

\_\_\_yes \_\_\_no If yes, name of counselor \_\_\_\_\_

Please list any medication(s) your child (ren) is currently taking and/or allergies

Child's Name	Name of Medication/Allergy	Reason for Medication
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I understand that Kidzcope, Inc. offers peer support groups and services to my family. My child(ren) and I are here to share our experiences of death with others while being supported in an environment that nurtures affirmation, trust, confidentiality, acceptance, peace, and hope. I understand that Kidzcope, Inc. does not offer assessments, diagnosis, evaluations, counseling, or therapy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

(for statistical and grant purposes only )

race/nationality \_\_\_\_\_

Languages spoken in the home \_\_\_\_\_

Family Income \$0-20,000. \_\_\_\_\_ \$20,000-\$40,000 \_\_\_\_\_ \$40,000-\$75,000 \_\_\_\_\_

over \$75,000 \_\_\_\_\_