

What is the child's grade in school?

For information on pain, see [Chapter 5](#).

### **Self-Perception/Self-Concept Pattern**

How would you describe your child (e.g., takes time to adjust, settles in easily, shy, friendly, quiet, talkative, serious, playful, stubborn, easygoing)?

What makes your child angry, annoyed, anxious, or sad? What helps?

How does your child act when annoyed or upset?

What have your child's experiences been with and reactions to temporary separation from you (parent)?

Does your child have any fears (places, objects, animals, people, situations)?

- **How do you handle them?**

Do you think your child's illness has changed the way he or she thinks about himself or herself (e.g., more shy, embarrassed about appearance, less competitive with friends, stays at home more)?

### **Role/Relationship Pattern**

Does your child have a favorite nickname?

What are the names of other family members or others who live in the home (relatives, friends, pets)?

Who usually takes care of your child during the day and night (especially if other than parent, such as babysitter, relative)?

What are the parents' occupations and work schedules?

Are there any special family considerations (adoption, foster child,