

# Family Context Questionnaire

This information can help us provide you a better service!

This includes:

1. Family dynamics
2. Child personality and needs
3. Developmental goals
4. Parenting philosophy
5. Daily routines and lifestyle
6. Social and environmental influences
7. Emotional and behavioral insights
8. Health and well-being
9. Support network
10. Self-reflection

---

*\* Indicates required question*

1. Who are the primary caregivers in your household? (select all that apply)

*Check all that apply.*

- ☐ Mother
- ☐ Father
- ☐ Stepparent
- ☐ Grandparent(s)
- ☐ Other: \_\_\_\_\_

2. How would you describe your co-parenting dynamic (if applicable)

*Mark only one oval.*

- ☐ Very aligned on parenting approach
- ☐ Somewhat aligned
- ☐ Often in disagreement
- ☐ Not applicable

3. How many children do you have? Please provide their ages.

---

4. How would you describe your child's relationship with their siblings?

*Mark only one oval.*

- ☐ Very cooperative
- ☐ Sometimes cooperative but often competitive
- ☐ Frequently in conflict
- ☐ Not applicable

5. How would you describe your child's temperament? (select all that apply)

*Check all that apply.*

- ☐ Very cooperative
- ☐ Sometimes cooperative but often competitive
- ☐ Frequently in conflict
- ☐ Not applicable

6. What are your child's favorite activities or hobbies?

---

7. What are some challenges your child faces (e.g. socially, academically, emotionally)?

---

8. How does your child typically handle frustration or disappointment?

---

9. Which of the following areas are you focusing on for your child?

*Check all that apply.*

- ☐ Building independence
- ☐ Developing empathy and kindness
- ☐ Managing emotions better
- ☐ Improving social skills
- ☐ Strengthening academic skills
- ☐ Other: \_\_\_\_\_

10. What are your short-term parenting goals for the next 6-12 months?

\_\_\_\_\_

11. Which values are most important for you to instill in your child?

\_\_\_\_\_

12. How do you approach discipline?

*Check all that apply.*

- ☐ Logical consequences (e.g., losing privileges, explaining the impact)
- ☐ Rewards or incentives for good behavior
- ☐ Punishment (e.g. grounding, timeout)
- ☐ Scolding or raising voice
- ☐ Physical discipline (e.g. spanking)
- ☐ Other: \_\_\_\_\_

13. How do you currently handle screen time?

\_\_\_\_\_

14. What is your biggest challenge in parenting right now?

---

15. Describe your child's typical daily routine (school, homework, playtime, bedtime, etc.)

---

16. Does your child have any issues with eating or nutrition?

---

17. How often does your family spend quality time together?

*Mark only one oval.*

- ☐ Daily
- ☐ Few times a week
- ☐ Weekly
- ☐ Rarely

18. How does your child feel about school?

*Mark only one oval.*

- ☐ Loves it
- ☐ Few times a week
- ☐ Weekly
- ☐ Rarely

19.

Is your child involved in extracurricular activities? (e.g. sports, arts, clubs)

---

20.

Are there cultural or religious practices that play a role in your parenting?

---

21.

What are common triggers for your child's frustration or misbehavior?

---

22.

How does your child usually calm down after a challenging moment?

---

23.

What strategies have you found to be effective in addressing misbehavior?

---

24.

How do you handle disagreements or conflicts with your child?

---

25.

Does your child have any ongoing health issues or allergies?

---

26.

Do you have any concerns about your child's mental health (e.g., anxiety, ADHD)?

---

27.

How much physical activity does your child typically get?

*Mark only one oval.*

☐ A lot (daily exercise, sports, etc.)

☐ A moderate amount

☐ Minimal (occasionally active)

☐ Very little

28.

How involved are extended family members (e.g., grandparents) in your child's life?

*Mark only one oval.*

☐ Very involved

☐ Somewhat involved

☐ Not involved

29.

Do you have a supportive community (friends, neighbors, etc.)?

*Mark only one oval.*

☐ Yes, very supportive

☐ Somewhat supportive

☐ Not supportive

30.

Have you consulted professionals (e.g., teachers, therapists, coaches) for guidance with your child?

*Mark only one oval.*

☐ Yes, frequently

☐ Occasionally

☐ Never

31.

What do you feel you do really well as a parent?

---

32.

What areas of parenting do you think you could improve?

---

33.

How do you manage parenting-related stress?

---

34.

**Thank you for completing this questionnaire! Is there anything else you'd like to share about your parenting experience or your child?**

---

35.

**Your Name** \*

---

This content is neither created nor endorsed by Google.

Google Forms



