

**OSAGE NATION SOCIAL SERVICES
CHILD AND FAMILY ASSESSMENT**

SUPPLEMENTAL QUESTIONNAIRE: CHILD WELL-BEING

1. How would you rate your child(ren)'s overall health?

Name of child	Overall health (Very Poor, Poor, Average, Above Average, Excellent)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Do any of your children have any allergies, disabilities, or chronic illnesses? Yes No
If yes, please list:

3. Do any of your children currently take any prescribed medications? Yes No
If yes, please list:

4. Where do your children go to receive medical attention?

5. Are your children covered by insurance? Yes No
If yes, please list insurance:

6. Check any of the following that apply:
- My children have regular medical checkups
 - My children have regular dental checkups
 - My children currently see a therapist/counselor

7. Have any of your children ever been hospitalized or had surgery performed? Yes No
If yes, please explain:

8. Have any of your children ever experienced any depression? Yes No
If yes, please explain:

9. Have any of your children ever talked with a counselor or therapist?
If yes, when did your child(ren) see the counselor or therapist? Yes No

What did your child(ren) see the counselor or therapist for?

10. Have any of your children ever had a mental health evaluation?
If yes, please explain: Yes No

11. Have any of your children ever thought about harming his/herself?
If yes, please explain: Yes No

12. Have any of your children tried to commit suicide?
If yes, please explain: Yes No

13. Do any of your children have any physical limitations that we should be aware of?
If yes, please explain: Yes No

14. How do your children spend their free time?

15. Do your children have any hobbies or interests?

16. Are there any hobbies or interests that you feel your children could learn more about or become involved in?

17. Please write any comments or questions that you have regarding your children's health and/or information regarding services/resources: