



**FAMILY BACKGROUND QUESTIONNAIRE**

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**PRIMARY CHILD INFORMATION:**

Child for whom you are primarily seeking Triple P Parenting services

**CHILD'S NAME:** \_\_\_\_\_

**WHO DOES THE CHILD LIVE WITH?** \_\_\_\_\_

**CHILD'S ADDRESS:** (If different from your address)

\_\_\_\_\_  
# Street Apt. City State Zip Code

**CHILD'S DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **CHILD'S AGE:** \_\_\_\_  
(MM) (DD) (YYYY)

**CHILD'S SEX:** Male Female

**CHILD'S RACE/ETHNICITY:** American Indian/Alaska Native  
(Circle all that apply) Asian  
Black/African American  
Hispanic/Latino  
Native Hawaiian/Other Pacific Islander  
White  
Other

**CHILD'S HEALTH:**

Does your child experience any of the following?

A vision or hearing impairment:	YES	NO
A severe chronic illness that results in regular hospitalizations:	YES	NO
A physical disability:	YES	NO
An intellectual/mental disability:	YES	NO
A developmental delay:	YES	NO
A restrictive/therapeutic diet prescribed by a health provider:	YES	NO

WHAT PRIMARY CONCERNS DO YOU HAVE ABOUT YOUR CHILD?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return to Triple P Cabarrus:  
Cabarrus Health Alliance  
300 Mooresville Rd. Kannapolis, NC 28081