

Late Teen or Adult Child of Divorce Questionnaire For Collaborative Divorce or Reunification Work with Teens or Adults

Please fill out the following questionnaire and keep a copy for your own reference, and to share with your individual therapist if you have one. Feel free to use the back of these sheets as needed. To help keep costs down, come to your appointment with the questionnaire completed carefully. If you have questions about specific items, please feel free to call me before we meet.

While your parents move through their separation and/or divorce, or after that divorce, I will *not* be serving as your therapist. As an Adult Child Specialist in a Collaborative Divorce, or in Reunification work, I *will* consider, represent and advocate for your reasonable and healthy needs and desires – those that relate to the divorce, as well as *your* future with your parents.

I will only share with them what you allow me to share about your specific information. I *will* share my *own* observations with your parents about what I think they need to be doing or not doing to best support you going forward. They are restructuring or already have restructured your family, while they are also preparing for their own and *your* future. I may ask your parents to fill this form out from *their* perspective about you/themselves.

Adult Child's Name _____ **Age** _____ **DOB** _____ **Sex** _____

Siblings' Names & Ages _____

Parent A's Name _____ **Parent B's Name** _____

Living Arrangement & Address _____

Study/Employment _____

Financially independent? Y / N Amount of *monthly* financial support provided by each parent or both: **Parent A** _____ & **Parent B** _____ OR **Both** _____

Approximate Hours *each week* you spend directly speaking and engaging with each parent:
Parent A _____ & **Parent B** _____

What was your academic performance in the last 12 months you attended school/college?
Outstanding _____ Above Average _____ Average _____ Below Average _____

Was there a change in your performance in those last 12 months? Y / N From what to what?

In the past 12 months, have you experienced any significant loss (e.g. Loss of Position, Job, Community, Loved ones, such as a relative, friend, partner, beloved pet), either through death, extended separation, moving away or other circumstances? Y / N Please explain:

How do you explain the quality of your *academic or work* performance in the last 12 months?

How many schools/academic institutions did you attend *before* graduating from High School?

How many friends would you say that you see or interact with on a regular, weekly or monthly basis, either by speaking directly on the phone or in person (*not* text or email)?

None _____ One _____ 2-4 _____ 5-7 _____ More than 7 _____

Do you currently have a “best” friend? Y / N A committed romantic partner? Y / N M / F

In the last 6 months, how many times, on average, would you say that you have sex in a week?

In the last 6 months, how have you been most likely to spend your free time? _____

If you had to select *three things about yourself* that you appreciate most and are most proud of (e.g. way of being, personal activity, accomplishment, event, skill), what would that be? _____

On a scale of **1** (= Immobilized/Paralyzed) to **10** (= Stress Free) how easily do you *usually* handle changes in your life? (e.g. changing jobs, schools, living arrangements, schedules, plans)

What do you do to help yourself during difficult/challenging transitions or changes? _____

As a young child, or currently, did you ever struggle with any of the following:

Past = P More Recently = R Please **indicate P and/or R** for each that apply,

And please **make clarifying notes in the margin.**

Tantrums _____

Emotional Outbursts/escalation _____

Rejected or made fun of by peers _____

More sensitive or stronger emotional reactions than peers _____

Bullied or Manipulated by peers _____

Shyness _____

Nightmares _____

Bedwetting or soiling at night _____

Trouble making friends _____

Aggressive, picking fights _____

Serious discipline problems at school _____

Causing harm to other children/animals _____

- Breaking laws – e.g. shoplifting, window breaking _____
- Argued a lot – with whom? _____
- Opposed authority figures _____
- Difficulty asserting your needs/desires effectively _____
- Acted young for your age _____
- Inadequate parental supervision & guidance _____
- Inadequate parental support for your independence _____
- Felt physically unsafe _____
- Ongoing trouble concentrating/ being “present”. _____
- Restless, unable to sit still, hyperactive _____
- Complained of loneliness _____
- Seemed sad, unhappy or depressed _____
- Trouble separating from parents/caregivers _____
- Trouble falling asleep or staying asleep _____
- Felt compelled to lie frequently _____
- Eating too much or too little _____
- Suicidal thoughts, thoughts of hurting yourself _____
- Self-injurious behavior – e.g. cutting, picking scabs _____
- Anxious frequently _____
- Fearful or extremely timid _____
- Refused to go to school _____
- Clung to parent(s) or caregiver(s) _____
- Destroyed/damaged own property _____
- Destroyed/damaged others’ property _____
- Accident prone – got hurt a lot _____
- Sex too young, or with too many partners _____
- Sexual abuse _____
- Dramatic difficulties with changes in routines or schedules _____
- Abuse of non-prescription drugs/alcohol _____
- Anorexia / Bulimia - symptoms _____
- Violated your own values in more than one way _____
- Physical symptoms without known medical causes:
 ___ Headaches ___ Stomach aches ___ Nausea/vomiting ___ Rashes/Skin problems ___
 Other: _____

What, if anything, do you know about the circumstances of your parents’ separation or divorce?

Did your parents tell you separately or together that they were going to separate or divorce?

How was that for you? _____

To what extent (**0**=Not at all ; **10**=Constant Pressure), if any, do you feel pressured to take sides? **Parent A** _____ **Parent B** _____

If they are pressuring you, what do you think it would take for each of them to stop?

Parent A: _____

Parent B: _____

In a few words, what is *your own view* about how their separation/divorce came about? _____

What concerns you most about their separation/divorce? _____

How do you think their separation/divorce *may* impact *YOU* unfavorably? _____

When you imagine wanting to include *both* of your parents at your graduation, your wedding, their grandchild's baby shower or other future events, what do you imagine *could* be hard or stressful for you? _____

What do you *most wish that each of your parents understood*, that you think they don't:

Parent A: _____

Parent B: _____

In what ways might you actually *benefit* from your parents' separation or divorce? What might be better for you? _____

Use 2 words that *most accurately* describe the *quality of your relationship* with each of your siblings? (e.g. tense, distant, loving, superficial, competitive, protective, defensive, guarded, kind, generous, etc.)

Name: _____ Age: _____ 2 word description of rlshp: _____

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Name: _____ Age: _____ 2 word description of rlshp: _____

Name: _____ Age: _____ 2 word description of rlshp: _____

How do you imagine that your relationships with each of your parents affect your relationship(s) with your sibling(s)? _____

Who are other relatives, extended family members and special family friends that have been especially important to you growing up in your family? _____

How do you imagine the separation/divorce may/has impact/ed these relationships? _____

How would you like to see your parents handle those extended family and friend relationships in a way that works for everyone? _____

PARENT A = _____

What do you see as **Parent A's** strengths as a parent/person? _____

What do you imagine that **Parent A would say** are his/her strengths as a parent/person? _____

How have **Parent A's** strengths affected you? _____

What do you see as **Parent A's** weaknesses as a parent? _____

What do you imagine that **Parent A would say** are his/her weaknesses? _____

How have **Parent A's** weaknesses affected you? _____

What characteristics do you have in common with **Parent A**? _____

What do you imagine may have been the most enjoyable times *for Parent A* with you? _____

What has been the most enjoyable time *for you* with **Parent A**? _____

What do you imagine has been the *most satisfying for Parent A* about parenting *you*, in particular? _____

What do you imagine has been the *most challenging for Parent A* about parenting you? _____

What has been the most challenging *for you* about being parented by **Parent A**? _____

PARENT B = _____

What do *you* see as **Parent B's** strengths as a parent? _____

What do you imagine that **Parent B would say** are his/her strengths as a parent? _____

How have **Parent B's** parental strengths affected you? _____

What do *you* see as **Parent B's** weaknesses as a parent/person? _____

What do you imagine that **Parent B would say** are his/her weaknesses? _____

How have **Parent B's** weaknesses affected you? _____

What characteristics do you have in common with **Parent B**? _____

What do you imagine may have been the most enjoyable times *for Parent B* with you? _____

What have been the most enjoyable times *for you* with **Parent B**? _____

What do you imagine has been the *most satisfying for Parent B* about parenting *you*, in particular? _____

What do you imagine has been the *most challenging for Parent B* about parenting you? _____

What has been the most challenging *for you* about being parented by **Parent B**? _____

What, if any, would you say are the major disagreements your parents had or still have regarding childrearing and parenting? _____

What, if any, are some ways that your parent(s) rely on you to be a "friend" or "sounding board"? _____

What, if any, are ways that your parent(s) expect you to help them to agree about things? _____

On a Scale of 1-10 (1= Not at all , 10= Constantly), to what extent does **Parent A** criticize or badmouth Parent B in your presence? _____ How do you think this affects you? _____

On a scale of 1-10 (1= Not at all , 10= Constantly), to what extent does **Parent B** criticize or badmouth Parent A? _____ How do you think this affects you? _____

How do you imagine your parents' behaviors in their marriage and divorce already impact or may impact how *you* behave in your love relationships? _____

What are 3 hopes you have for your relationship with **Parent A** in the future? _____

What are 3 hopes you have for your relationship with **Parent B** in the future? _____

What are 3 hopes you have for your relationship with your **Sibling** (s) and restructured family in the future? _____

If you could speak from the heart, *without any negative consequences*, what would you most want **Parent A** to hear: _____

If you could speak from the heart, *without any negative consequences*, what would you most want **Parent B** to hear: _____

Anything you noticed/discovered that you hadn't before, as you filled out this form?

Anything you noticed that's upsetting about filling this out? (list here) _____

Anything that came as a relief while filling out this form? (list here) _____

Thank you! Feel free to add any other information you would like me to have and consider . . .