

Case #: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Parent/Guardian Completing Form: \_\_\_\_\_

### **Parenting Approaches Questionnaire**

Please take the time to read and answer the questions honestly. Your honesty and openness about the ways in which you manage your child's behaviors will greatly assist in the assessment and treatment process.

Do you find yourself screaming and yelling a lot? YES NO

Do you descend or regress to your child's level?  
(i.e. hit him back, whine, slam door after he does it) YES NO

Do you punish your child far more than you want to  
or beyond what feels comfortable to you? YES NO

Are you always saying "no" to your child? YES NO

Do you feel you have to repeat yourself all the time? YES NO

Are you battling your child a lot? YES NO

Are you constantly explaining to your child? YES NO

Are you always negotiating with your child? YES NO

Are you often getting him/her to promise he/she  
will never do it again? YES NO

Are you threatening punishments you really don't  
intend to carry out? YES NO

Do you find yourself overreacting with a major,  
more extreme punishment to something you  
later realize is relatively minor? YES NO

In between behavioral problems and punishments  
do you overcompensate by "spoiling" your child? YES NO

Do you and your (current or former) spouse or  
significant other react differently to the same behavior?  
Please explain or elaborate: YES NO

Do you sometimes not know what to do or how to respond to your child's difficult behavior?	YES	NO
Does your child seem more powerful than you?	YES	NO
Do you find the more you punish your child, the more he does what he is not supposed to do?	YES	NO
Do you nag him/her all the time?	YES	NO
Are you frequently changing your mind about your approaches or methods of punishment?	YES	NO
Do you give in a lot and have bad feelings about it later?	YES	NO

Please elaborate or add any additional information below:

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Thank you.