

PARENTING HISTORY SURVEY

The Parenting History Survey (P.H.S.) is a written interview that asks you to briefly present basic background information about the parenting of your children, their care taking, and their previous and current living situations. The P.H.S. is intended to give you an opportunity to answer these questions in private, outside the stress of an interview, at your own pace, and in your own words. Anticipate that while completing the P.H.S., some people feel as if they are re-experiencing a difficult time in their lives — much as they would if they were discussing the time with another person. Take your time. Feel free to take breaks as you work.

You will be asked to provide both facts and opinions. Answer all the questions. Mark any “Not Applicable” questions as “NA.” Mark with a star (*) the questions that you feel address the most important issues in the evaluation. If the space provided is not sufficient for you to answer a question fully, write in only the most important part of your answer and mark that question with a star (*) also. Remember that this questionnaire is only an attempt to briefly alert the evaluator to significant issues — not an attempt to present each issue and concern completely. You will have an opportunity to be more complete in the interviews. Do your best not to overstate or understate the information that you provide.

The term “other parent” is used throughout the P.H.S. In most instances, the “other parent” is the children’s other biological parent. The other parent may also be another parent figure or caretaker of the children (e.g., a step-parent, aunt, uncle, grandparent, or foster parent). If the children have more than one other parent, answer the questions using “other parent” to refer to the person who is contesting you in this matter.

If you do not have current information about the other parent, answer the questions about the other parent as best you can based on your previous knowledge of that person. If you or the other parent are not one of the biological parents, some of the questions will not apply to you as written. Answer all the questions about yourself. Use the other questions as an opportunity to tell the evaluator anything that you think might be helpful in conducting the evaluation.

The office personnel will help you with any part of the questionnaire that you do not understand (such as the meaning of a word) but they will not help you with interpreting the psychological meaning or importance of a question. The P.H.S. is not a test of spelling, grammar, neatness, or how small you can print. It is important to write legibly. Use ink or type your answers on the form so they may be photocopied later. Confine your answers to the space provided. Do not attach extra sheets or write in the margins. Complete it yourself. Do not discuss it with anyone including your attorney or your family until after you have returned it to this office.

Some of the questions may ask for information that you have already provided in a previous answer. When that occurs, direct the reader to the previous question. Except when a summary is requested, there is no need to provide the same information more than once. You will find the task much easier if you *read the whole questionnaire before beginning*. By doing so, you may anticipate where to best provide information and how to avoid repeating the same answer.

The P.H.S. contains about 100 questions. There is no time limit. You do not need to respond “Yes” or “No” to about half of the questions unless you feel there is a significant concern, allegation, or conflict in the area addressed by the question. Unless instructed otherwise, it is important that you *return this questionnaire at least two days before your appointment* so that there is adequate time for the evaluator to read it before the appointment.

1. YOUR NAME: _____ Age: _____ Birth Date: ___/___/___

2. OTHER PARENT'S NAME: _____ Age: _____ Birth Date: ___/___/___

| 3. Name of Child | Sex | Current Age | Date of Birth | Biological Mother | Biological Father |
|------------------|-----|-----------------|-----------------|-------------------|-------------------|
| _____ | M-F | Yr. ___ Mo. ___ | ___ / ___ / ___ | _____ | _____ |
| _____ | M-F | Yr. ___ Mo. ___ | ___ / ___ / ___ | _____ | _____ |
| _____ | M-F | Yr. ___ Mo. ___ | ___ / ___ / ___ | _____ | _____ |
| _____ | M-F | Yr. ___ Mo. ___ | ___ / ___ / ___ | _____ | _____ |
| _____ | M-F | Yr. ___ Mo. ___ | ___ / ___ / ___ | _____ | _____ |

4. What is the children's biological relationship and legal relationship with yourself and with the other parent?

BIOLOGICAL RELATIONSHIP WITH YOU: _____

WITH OTHER PARENT: _____

LEGAL RELATIONSHIP WITH YOU: _____

WITH OTHER PARENT: _____

5. Check below the major strengths or significant assets that you feel exist or existed in your relationship with the other parent for any substantial period of time during your relationship:

- Mutual pride and respect Shared worldview Differences that complemented each other
- Openness, intimacy, trust Love, affection and sex
- Compatible marital and family roles and expectations Parenting styles
- Compatible faiths and beliefs Desire to have children and to be parents
- Handling of finance Shared experiences and interests
- Balance of authority, power, status, and control Friendship and support
- Common goals and desires Mutual job/professional success and accomplishment
- Other, list: _____

6. Indicate below any major adult-oriented concerns that you have had (or that you presently have) about the other parent. Answer by completing the statement: "The other parent did (or may) . . .

- 'Threaten to mistreat me.' Used alcohol to excess." Use or create conflicts in an abusive way."
- Emotionally mistreat me." Used drugs to excess."
- Have a long term emotional or physical impairment." Sexually mistreat me."
- Threaten to harm him/her self." Withhold contact or access to the children."
- Other, list: _____

8. Summarize the major aspects of the current situation from your perspective:

9. Indicate below the major concerns or allegations that you think the other parent is likely to raise about you. Answer by completing the statement: "The other parent is likely to say that I did (or that I may) . . .

- Threaten to physically mistreat the children." Emotionally mistreat him/her."
- Use alcohol to excess." Emotionally mistreat or neglect the children."
- Sexually mistreat him/her." Use drugs to excess." Sexually mistreat the children."
- Threaten to mistreat him/her." Threaten to harm myself."
- Be adequate, but he/she is a better parent for the children."
- Be inadequate or incompetent to care for the children."
- Other, list: _____

Summarize how you think the other parent would describe the major aspects of the current situation.

11. Are any other professionals actively involved in this matter such as Guardian Ad Litem (G.A.L.), Court Appointed Special Advocate (C.A.S.A.), attorney for the child, Juvenile, Domestic, or Family Court Case Worker, Child Protective Services (C.P.S.), Case Worker, teacher, pastor, physician, counselor, therapist, mental health specialist, etc.? (Yes ___ / No ___). If “Yes,” provide each name and phone number, describe their involvement, and indicate if you will have them call the evaluator when requested.

| <i>Name</i> | <i>Phone</i> | <i>Involvement or Role</i> | <i>Do you agree to have the evaluator consult with them when requested?</i> |
|-------------|--------------|----------------------------|---|
| | : | : | (Yes ___ / No ___) |
| | : | : | (Yes ___ / No ___) |
| | : | : | (Yes ___ / No ___) |
| | : | : | (Yes ___ / No ___) |

12. List below any additional person whom you would like to have evaluated or consulted, indicate the reason that you would like them to be involved, and indicate if you will have them call the evaluator *when requested*.

| <i>Name</i> | <i>Phone</i> | <i>Reason for Consultation</i> | <i>Do you agree to have the evaluator consult with them when requested?</i> |
|-------------|--------------|--------------------------------|---|
| | : | : | (Yes ___ / No ___) |
| | : | : | (Yes ___ / No ___) |
| | : | : | (Yes ___ / No ___) |
| | : | : | (Yes ___ / No ___) |

13. The parenting, visitation, or residence arrangement now in effect began about ____/____/____.

14. This current arrangement is a temporary or a permanent parenting, visitation, or residence arrangement.

15. Who decided what the current parenting, visitation, or residence arrangements would be? How what the decision reached?

16. Indicate when the children are scheduled to reside with and to be cared for by you, the other parent, and/or another custodian.

Day and hours with you:

Day and hours with other parent or another custodian:

17. Are there significant problems involving the current visitation or residence schedule itself?
Yes ___ / No ___. If "Yes" describe:

18. What led to the change from any previous parenting, visitation, or residence arrangement to the current one?

19. Is this evaluation being conducted by order of the court? (Yes ___ / No ___)

Has this evaluator been appointed by the court order? (Yes ___ / No ___) If “Yes,” indicate the court-appointed role:

Evaluator (___), Guardian ad Litem (___), Arbiter (___), Special Master (___)

Is this the first psychological, psychiatric, or mental health evaluation of any type in which any member of the family or families has been participated? (Yes ___ / No ___)

Is this evaluation being conducted with the knowledge and consent of each person who has legal custody of each child in question? (Yes ___ / No ___)

Is this evaluation permitted without any restrictions in all previous court orders? (Yes ___ / No ___).

If “No” to any of the above, describe:

20. If you or the other parent are currently represented by counsel, provide the name, address, and phone number of each attorney.

NAME OF YOUR ATTORNEY:

NAME OF OTHER PARENT’S ATTORNEY:

ADDRESS:

ADDRESS:

CITY, STATE, ZIP:

CITY, STATE, ZIP:

PHONE NUMBER:

PHONE NUMBER:

21. Have you ever had a different attorney (Yes ___ / No ___) and have you ever acted as your own attorney (i.e., appeared *pro se*) in any matter before the court? (Yes ___ / No ___)

22. Has the other parent ever had a different attorney (Yes ___ / No ___) and has the other parent ever acted as his/her own attorney (i.e., appeared *pro se*) in any matter before the court? (Yes ___ / No ___)

23. Describe the extent of the court's involvement in this matter to date. Include your understanding of the current orders of the court.

24. Are there any documents that you would like the evaluator to review (such as pleadings, court orders, decrees, affidavits, police reports, letters, school or medical records)? (Yes ___ / No ___). If "Yes," provide copies of the documents to the evaluator. Summarize the major facts that you want the evaluator to gain from reviewing these documents.

25. Have you ever received any other professional evaluations, recommendations, or opinions related to this matter? (Yes ___ / No ___). Are any additional professional opinions anticipated? (Yes ___ / No ___). Will you provide copies of any past and future evaluations, letters, or reports to this office? (Yes ___ / No ___). Do you consent for the evaluator to consult with these persons? (Yes ___ / No ___). Describe, if appropriate.

26. Are there any upcoming court dates or another deadlines of which are aware? (Yes ___ / No ___). Will you notify this office when future dates for conferences, depositions, hearings, or trials are determined? (Yes ___ / No ___). Remember to reserve time with the evaluator for his/her testimony, if desired.

Mediation _____ / _____ / _____ Hearings _____ / _____ / _____
Depositions _____ / _____ / _____ Trial _____ / _____ / _____
Other: _____ . . . _____ / _____ / _____

27. Is there additional information that you would like to present regarding the legal history of this matter? (Yes ___ / No ___). If "Yes," describe.

28. Provide the name, relationship, and age of each of your parents, brothers, and sisters, including step-parents, half-siblings, and step-siblings.

| <i>Name</i> | <i>Relationship</i> | <i>Age</i> | <i>Name</i> | <i>Relationship</i> | <i>Age</i> |
|-------------|---------------------|------------|-------------|---------------------|------------|
| : | : | : | : | : | : |
| : | : | : | : | : | : |
| : | : | : | : | : | : |
| : | : | : | : | : | : |
| : | : | : | : | : | : |

29. Describe the quality of the relationship between your parents when you were a child. Indicate when they were married and how long they were married. Indicate their current status, if they were ever separated or divorced, and, if so, when and how often.

30. Do your family, friends, or neighbors or those of the other parent have an involvement that you this is significant in this parenting, custody, residence, or visitation issues? (Yes ___ / No ___). If “Yes,” describe.

31. Might concerns or allegations about the children’s relationships and involvements with their extended families on either side including step-parents, aunts, uncles, cousins, grandparents, step-grandparents, etc. be raised as part of this evaluation? (Yes ___ / No ___). If “Yes,” describe.

32. Indicate the last three schools you attended, the area, program, or major in which you concentrated, the dates of attendance, the degree(s) earned, and your average grades at those schools. Do you consent for the evaluator to consult with your present and past schools and teachers? (Yes ___ / No ___)

| <i>School</i> | <i>Area/Program/Major</i> | <i>Dates Attended</i> | <i>Degree Earned</i> | <i>Average Grades</i> |
|---------------|---------------------------|--------------------------|----------------------|-----------------------|
| : | : | : ___ / ___ to ___ / ___ | : | : |
| : | : | : ___ / ___ to ___ / ___ | : | : |
| : | : | : ___ / ___ to ___ / ___ | : | : |
| : | : | : ___ / ___ to ___ / ___ | : | : |
| : | : | : ___ / ___ to ___ / ___ | : | : |
| : | : | : ___ / ___ to ___ / ___ | : | : |

33. Might concerns or allegations be raised about your educational history or that of the other parent that are relevant to the current evaluation? (Yes ___ / No ___). If “Yes,” describe and include any information about any educational program left prior to completion.

34. Describe your work history for you past four employments. Start with your most recent position. Include homemaker or periods of unemployment, when appropriate. Do you consent for the evaluator to consult with your present and past employers? (Yes ___ / No ___).

| <i>Employer</i> | <i>Position</i> | <i>Dates of Employment</i> | <i>Major Responsibilities</i> | <i>Reason(s) for Leaving</i> |
|-----------------|-----------------|----------------------------|-------------------------------|------------------------------|
| : | : | : ____ / ____ to | : | : |
| : | : | : ____ / ____ | : | : |
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| : | : | : ____ / ____ | : | : |
| <hr/> | | | | |

35. Might concerns or allegations be raised about you work and professional history or that of the other parent that would be relevant to the current evaluation? (Yes ___ / No ___). If “Yes,” describe.

36. Might concerns or allegations about your physical health or that of the other parent be raised as part of the evaluation including such concerns as illness, injuries, physical fitness, smoking, over- or under-eating, etc.? (Yes ___ / No ___). If “Yes,” describe your general health and describe any concerns. Do you consent for the evaluator to consult with all of your present and past health care providers and those of your children? (Yes ___ / No ___).

37. Might concerns or allegations about coercive, intimidating, aggressive, violent, or hostile behavior on your part be raised by the other parents as part of this evaluation? (Yes ___ / No ___) If “Yes,” describe.

38. Do you have concerns about coercive, intimidating, aggressive, violent, or hostile behavior on the part of the other parent that would be relevant to this evaluation? (Yes ___ / No ___). If “Yes,” describe.

39. Have you ever had any psychological counseling or therapy? (Yes ___ / No ___). If “Yes,” give the name of each counselor, the approximate dates that counseling started and ended, the approximate total number of sessions that you saw each counselor, and your reasons for entering counseling. Do you consent for the evaluator to consult with you present and past counselors and therapists? Yes ___ / No ___).

| <i>Counselor Name, Address, Phone Number</i> | <i>Start-End Dates</i> | <i>Total Number of Sessions</i> | <i>Reasons for Entering Counseling</i> |
|--|--------------------------------------|-------------------------------------|--|
| : | : ____ / ____ to : ____ / ____ | : | : |
| <hr/> | | | |
| : | : ____ / ____ to : ____ / ____ | : | : |
| <hr/> | | | |

| <i>Counselor Name, Address, Phone Number</i> | <i>Start-End Dates</i> | <i>Total Number of Sessions</i> | <i>Reasons for Entering Counseling</i> |
|--|--------------------------------------|---------------------------------|--|
| : | : ____ / ____ to : ____ / ____ | : | : |
| : | : ____ / ____ to : ____ / ____ | : | : |
| : | : ____ / ____ to : ____ / ____ | : | : |

40. Have you attended any parenting classes, anger management classes, marriage encounter seminars, A.A. or N.A. meetings, or other psychologically oriented meetings, classes, or seminars? (Yes ___ / No ___). If “Yes”, give the name of each class, the approximate starting date, the total number of hours spent in meetings, and you reasons for attending each. Do you consent for the evaluator to consult with you present and past instructor(s) or group leader(s)? (Yes ___ / No ___).

| <i>Name of Class or Seminar</i> | <i>Starting Dates Total Number of Hours</i> | <i>Reasons for Attending the Class, Seminar, or Meeting</i> |
|---------------------------------|---|---|
| : | : | : |
| : | : | : |
| : | : | : |
| : | : | : |
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| : | : | : |

41. Indicate the amount of alcohol you drank in the past year. Indicate when you drank (e.g., days, evenings, weekends), where (e.g., home, job, restaurants, parties), what (e.g., beer, wine, liquor), how often (e.g., number or times each day, week, or month), and how much you drank each time (e.g., number of drinks).

| <i>When</i> | <i>Where</i> | <i>What</i> | <i>How Often</i> | <i>How Much Each Time</i> |
|-------------|--------------|-------------|------------------|---------------------------|
| : | : | : | : | : |
| : | : | : | : | : |
| : | : | : | : | : |
| : | : | : | : | : |
| : | : | : | : | : |
| : | : | : | : | : |

42. Indicate the amount of alcohol the other parent drank in the past year.

| <i>When</i> | <i>Where</i> | <i>What</i> | <i>How Often</i> | <i>How Much Each Time</i> |
|-------------|--------------|-------------|------------------|---------------------------|
| : | : | : | : | : |
| : | : | : | : | : |
| : | : | : | : | : |
| : | : | : | : | : |
| : | : | : | : | : |
| : | : | : | : | : |

43. Might concerns or allegations about your use of alcohol or that of the other parent be raised as part of this evaluation? (Yes ___ / No ___). If “Yes,” describe any history of problems involving the use of alcohol and any changes in this pattern.

44. Describe your use of non-legal drugs in the past year. Indicate when (days, evenings, weekends), where (home, job, parties), what (marijuana, cocaine, pills), how often (number of times each day, week, or month), and how much you took or used each time.

| <i>When</i> | <i>Where</i> | <i>What</i> | <i>How Often</i> | <i>How Much Each Time</i> |
|-------------|--------------|-------------|------------------|---------------------------|
| : | : | : | : | : |
| : | : | : | : | : |
| : | : | : | : | : |
| : | : | : | : | : |
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| : | : | : | : | : |

45. Describe the use of non-legal drugs by the other parent in the past year.

| <i>When</i> | <i>Where</i> | <i>What</i> | <i>How Often</i> | <i>How Much Each Time</i> |
|-------------|--------------|-------------|------------------|---------------------------|
| : | : | : | : | : |
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46. Might concerns or allegations about your use of legal or non-legal drugs or that of the other parent be raised as a part of this evaluation? (Yes ___ / No ___). If “Yes,” describe the history of any drug use and describe any changes in this pattern.

47. Has there been any contact with any professional or agency that was related to emotional or behavioral difficulties, personality problems, mental illness, anger or violence, drug use, alcohol use, counseling, arrests, or incarcerations by you (Yes ___ / No ___) that you have not already described? If “Yes” to any, describe.

48. Have you had any marriages or other long-term romantic relationships prior to the one with the other parent? (Yes ___ / No ___). If “Yes,” provide the beginning and ending dates of each relationship, the type of relationship it was (e.g. dated, married, lived together, etc.), a brief description of the current quality of that adult relationship, and the names and ages of any children from those relationships, including step-children.

| <i>Start/End</i> | <i>Type of Adult</i> | <i>Current Quality of Adult</i> | <i>Child Name</i> | <i>Age</i> |
|------------------|----------------------|---------------------------------|-------------------|------------|
| : | : | : | : | : |
| : | : | : | : | : |
| : | : | : | : | : |
| : | : | : | : | : |
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| : | : | : | : | : |

49. If you have children from a previous relationship, describe each parenting, custody, residence, and/or visitation arrangement, the amount of time you actually spend with each child, and provide a description of the quality of your current relationship with each child. Be specific.

| <i>Child Name</i> | <i>Current Parenting, Custody Residence, and/or Visitation</i> | <i>Amount of Time You Actually Spend with</i> | <i>Description of Your Current Relationship</i> |
|--------------------|--|---|---|
| <i>Arrangement</i> | <i>Each Child</i> | <i>with Child</i> | |
| : | : | : | : |
| : | : | : | : |
| : | : | : | : |
| : | : | : | : |
| : | : | : | : |
| : | : | : | : |

50. This question requests a brief history of your relationship with the other parent. Starting with the earliest first, present in chronological order a listing of the approximate dates of events such as when you met, lived together, married, bought a home, changed jobs, had miscarriages or abortions, had children, had serious marital, health, or financial problems, moved, had affairs, discussed divorce, had counseling, separated, reconciled, filed for dissolution, got divorced, experienced parenting, custody, or visitation problems, filed for modification, etc.

| <i>Date</i> | <i>Event or Occurrence</i> |
|-------------|----------------------------|
| ____ / ____ | : |
| ____ / ____ | : |
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| <i>Date</i> | <i>Event or Occurrence</i> |
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| ____ / ____ | : |

51. Did you contribute significantly to the problems in your relationship with the other parent?
(Yes ___ / No ___). If “Yes,” describe your understanding of each of the significant problems,
how you contributed to each problem, and when each problem became serious.

52. Did the other parent contribute significantly to the problems in your relationship?
(Yes ___ / No ___). If “Yes,” describe your understanding of each of the significant problems contributed to by the other parent, how the other parent contributed to each problem, and when each problem became serious.
53. What led to the ultimate break-up of the relationship with the other parent? Who initiated the decision and action to end the relationship? What impact has this had on the current situation?
54. Between the start and end of your relationship with the other parent, were you involved in any other romantic or intimate relationship?(Yes ___ / No ___). If “Yes,” describe what impact that has had on the current situation and describe any relationship between your children and the other person(s).

55. Are you currently residing with the other parent? (Yes ___ / No ___). If “No,” provide the date of separation (___ / ___ / ___). Describe your current living arrangements.

56. Are you currently involved in any romantic or intimate relationship (Yes ___ / No ___). If “Yes,” describe what impact this has had on the current situation and describe any relationship between your children and the person with whom you currently have a romantic relationship. What do you contemplate to be your future involvement in this relationship? Would you agree to also have this person evaluated?

57. Between the start and the end of your relationship with the other parent, do you think that the other parent was involved with other persons in any romantic or intimate relationships? (Yes ___ / No ___). Do you think that the other parent is currently involved in any romantic or intimate relationships? (Yes ___ / No ___). If “Yes,” to either, describe what impact this has had on the current situation and describe any relationship between your children and each other person.

58. Might any additional concerns or allegations about your sexuality with other adults or that of the other parent be raised as an issue in this evaluation? (Yes ___ / No ___). Describe your current living arrangements. If “Yes,” describe.

59. Might concerns or allegations be raised about the possibility that any child might be or might have been “at risk” for physical, sexual, or emotional abuse, neglect, or exploitation while the child was/is in your care? (Yes ___ / No ___) or that of the other parent (Yes ___ / No ___)? If “Yes,” describe.

60. Do you have concerns that any child, including your own, might be or might have been “at risk” for abuse, neglect, or exploitation from anyone else that you or the other parent knows? (Yes ___ / No ___). If “Yes,” describe.

61. To the best of your knowledge, has anyone in your family (including you), anyone in the other parent's family (including the other parent), or any of the children been the victim of any form of abuse, neglect, or exploitation? (Yes ___ / No ___). If "Yes," describe any concern that you have not already mentioned or that you wish to emphasize.

62. What percentage of the parenting of the children did you provide in *the last six months* that you and the other parent lived together in the same residence?

- 0%–14%
 15%–24%
 25%–34%
 35%–44%
 45%–54%
 55%–64%
 65%–74%
 75%–84%
 85%–100%

63. In *the last six months* that you and the other parent lived in the same residence, indicate the approximate number of times you and the other parent typically . . .

| | <i>You per month</i> | <i>Other parent per month</i> | <i>Comments</i> |
|--|--------------------------|-----------------------------------|-----------------|
| Dressed the children: | _____ times | _____ times | _____ |
| Bathed them: | _____ times | _____ times | _____ |
| Toileted them: | _____ times | _____ times | _____ |
| Read to them: | _____ times | _____ times | _____ |
| Cooked for or ted them: | _____ times | _____ times | _____ |
| Played with them: | _____ times | _____ times | _____ |
| Disciplined them: | _____ times | _____ times | _____ |
| Helped them with homework: | _____ times | _____ times | _____ |
| Put them to bed: | _____ times | _____ times | _____ |
| Woke them in the morning: | _____ times | _____ times | _____ |
| Took them to or from school: | _____ times | _____ times | _____ |
| Shopped for their toys and books: | _____ times | _____ times | _____ |
| Shopped for their clothes: | _____ times | _____ times | _____ |
| Got up in the night with them: | _____ times | _____ times | _____ |
| Stayed home with them when they were sick: | _____ times | _____ times | _____ |
| Took them to/from religious activities: | _____ times | _____ times | _____ |
| Took them to sports and school activities: | _____ times | _____ times | _____ |
| Specify _____ | *** _____ times | _____ times | _____ |
| Specify _____ | *** _____ times | _____ times | _____ |

64. Describe how the parenting tasks and responsibilities were typically divided and accomplished and between you and the other parent. How was this division decided upon? How did this pattern develop and evolve over time?

65. What are your strengths and assets in the way you parent children?

66. Might concerns or allegations about your parenting activities, parenting ability, or parenting style be raised as a part of this evaluation? (Yes ___ / No ___). If “Yes,” describe.

67. What are the strengths and assets in the way that the other parent parents the children?

68. Might concerns about the parenting activities, parenting ability, or parenting style of the other parent be raised as a part of this evaluation? (Yes ___ / No ___). If “Yes,” describe.
69. Are there any significant disagreements between you and the other parent in the area of education for the children? (Yes ___ / No ___). If “Yes,” describe your involvement and that of the other parent with school personnel and school activities.
70. Are there any significant disagreements between you and the other parent involving the children’s religious experiences and training? (Yes ___ / No ___). If “Yes,” describe your involvement and that of the other parent in this area.
71. Are there any significant disagreements between you and the other parent involving any of the children’s athletic or recreational activities? (Yes ___ / No ___). If “Yes,” describe your involvement and that of the other parent in each activity.

72. Are there any significant disagreements between you and the other parent in any other special interest, activity, talent, trait, ability, or skill that the children enjoy? (Yes ___ / No ___). If “Yes,” describe your involvement and that of the other parent in these areas.

73. Provide the name, address, and phone number of each physician, dentist, therapist, counselor or other provider of health care for each of the children. Indicate any problem which that provider is treating, name of the person who brought the child to the last visit, and the date of the last visit to each provider.

| <i>Name of Provider:</i> | <i>Child and Problem(s) Being Treated</i> | <i>Person Who Brought Child to Last Visit</i> |
|-------------------------------------|---|---|
| <i>Profession:</i> _____ : | : | : |
| <i>Address:</i> _____ : | : | : |
| _____ : | : | : |
| _____ : | : | : |
| _____ : | : | : |
| <i>Phone:</i> (___) _____-_____ : | : | : |

| <i>Name of Provider:</i> | <i>Child and Problem(s) Being Treated</i> | <i>Person Who Brought Child to Last Visit</i> |
|-------------------------------------|---|---|
| <i>Profession:</i> _____ : | : | : |
| <i>Address:</i> _____ : | : | : |
| _____ : | : | : |
| _____ : | : | : |
| _____ : | : | : |
| <i>Phone:</i> (___) _____-_____ : | : | : |

| <i>Name of Provider:</i> | <i>Child and Problem(s) Being Treated</i> | <i>Person Who Brought Child to Last Visit</i> |
|--------------------------------------|---|---|
| <i>Profession:</i> _____ : | : | : |
| <i>Address:</i> _____ : | : | : |
| _____ : | : | : |
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| _____ : | : | : |
| <i>Phone:</i> (____) ____ - ____ : | : | : |

| <i>Name of Provider:</i> | <i>Child and Problem(s) Being Treated</i> | <i>Person Who Brought Child to Last Visit</i> |
|--------------------------------------|---|---|
| <i>Profession:</i> _____ : | : | : |
| <i>Address:</i> _____ : | : | : |
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| <i>Phone:</i> (____) ____ - ____ : | : | : |

| <i>Name of Provider:</i> | <i>Child and Problem(s) Being Treated</i> | <i>Person Who Brought Child to Last Visit</i> |
|--------------------------------------|---|---|
| <i>Profession:</i> _____ : | : | : |
| <i>Address:</i> _____ : | : | : |
| _____ : | : | : |
| _____ : | : | : |
| _____ : | : | : |
| <i>Phone:</i> (____) ____ - ____ : | : | : |

74. Are there any significant disagreements between you and the other parent in the area of health care? (Yes ___ / No ___). If “Yes,” describe your involvement and that of the other parent in the health care for the children.

75. Do you believe that any of the children could benefit from any special services related to speech, hearing, or sight problem, or from other physical or psychological problems, developmental delay, or chemical addictions? (Yes ___ / No ___). If “Yes,” describe.

76. What is your work schedule and what is the schedule of other adult activities in which you engage such as athletic teams, meetings, classes, or church? How often are you out of town? How might these commitments affect the children’s schedules?

77. What is the work schedule of the other parent and what is the schedule of other adult activities in which the other parent engages such as athletic teams, club meetings, classes, or church? How often is the other parent out of town? How might these commitments affect the children’s schedules?

78. What are the children’s school schedules and what are the schedules of other activities in which the children engage such as work, sports, church, and other classes, groups, teams, clubs, and activities? How might these commitments affect the parenting schedule?

79. Have there been any difficulties regarding telephone or mail contact with the children during separations? (Yes ___ / No ___). If “Yes,” indicate the difficulty and your thoughts about the best solution.

80. Do you believe that the other parent might contemplate limiting the access between you and the children? (Yes ___ / No ___). If “Yes,” describe.

81. Do you believe that there is currently a “primary parent” to whom the children feel more attached or with whom the children feel more involved? (Yes ___ / No ___). If “Yes,” in what way might that person be seen as the “primary parent.” Describe the way in which the “non- primary” parent could have been more involved with the children.

82. Have any of the children resided or lived for an extended period with someone other than the biological parents? (Yes ___ / No ___). If “Yes,” describe.

83. What has been each child's experience with separation from each of the parents in the past? What is the longest that each child has been separated from each parent? How did each child react to being separated? Describe each answer.

84. Do you contemplate any move of your residence or change in your living arrangements in the foreseeable future? (Yes ___ / No ___). If "Yes," describe.

85. Might concerns or allegations about the residence, living conditions, or neighborhoods or either parent be raised as an issue in this evaluation? (Yes ___ / No ___). If "Yes," describe your residence and that of the other parent indicating where the children have friends, play, do homework, and sleep and describe the concern.

86. Have the children said anything to you or to others in regard to their perceptions, feelings, opinions, and preferences about their parenting, visitation, and residence? (Yes ___ / No ___). If "Yes," describe.

87. Why do you think the children have said the above? Also indicate whether you think the children spoke spontaneously, were questioned, or were lead to say what they did.

88. How much weight to you think should be given to the children's perceptions, feelings, opinions, and preferences? Why?

89. Do you believe that the children's having a substantial future relationship with the other parent is important for their welfare? (Yes ___ / No ___). Explain your answer and include what you believe would be the value or benefit and the detriment or risk to the children of a future relationship with the other parent.

Value or Benefit:

Detriment or Risk:

90. Describe what you believe to be the best parenting, visitation, residence schedule and arrangement for the children. Indicate in the schedule the days and the hours that each of the children would be in your care and in the care of the other parent during regular non-holiday and non-special occasion time.

91. Describe the schedule you think best for the following three school vacations:

1. Winter Vacation (Including Christmas Eve/Day and New Year's Eve/Day):

2. Spring Vacation (Including Easter Sunday):

3. Summer Vacation (Including July Fourth and Labor Day):

92. Describe the yearly schedule you think would be best for each of the following occasions:

| | <i>With You</i> | <i>With Other Parent</i> | <i>Alternate Yearly</i> | <i>No Special Schedule</i> | <i>Other (Specify)</i> |
|-------------------------|---------------------|------------------------------|-----------------------------|--------------------------------|----------------------------|
| President's Day | (—) | (—) | (—) | (—) | _____ |
| M.L. King's Birthday | (—) | (—) | (—) | (—) | _____ |
| Valentine's Day | (—) | (—) | (—) | (—) | _____ |
| Memorial Day | (—) | (—) | (—) | (—) | _____ |
| Halloween | (—) | (—) | (—) | (—) | _____ |
| Thanksgiving Weekend | (—) | (—) | (—) | (—) | _____ |
| Children's Birthday | (—) | (—) | (—) | (—) | _____ |
| Your Birthday | (—) | (—) | (—) | (—) | _____ |
| Other Parent's Birthday | (—) | (—) | (—) | (—) | _____ |
| Mother's Day | (—) | (—) | (—) | (—) | _____ |
| Father's Day | (—) | (—) | (—) | (—) | _____ |
| Religious Holidays | (—) | (—) | (—) | (—) | _____ |

93. What is the maximum number of days that you think the children could be separated without ill effect from you and from the other parent routinely for regularly scheduled visitation/parenting and occasionally for longer vacations?

Routine separation for visitation/parenting from yourself for up to ___ days;
from the *other parent* for up to ___ days.

Occasional separation for vacation/holiday travel for yourself up to ___ days;
from the *other parent* for up to ___ days.

94. Briefly identify the arrangements you currently have made regarding the children's future schooling, childcare, contacts with other children, and contacts with relatives.

95. Are you willing to arrange your current and future residences and living circumstances such that the access of any of the children to the other parent is not decreased? (This would include where you live, ease of transportation, use of telephone, etc.) (Yes ___ / No ___). If "No," describe.

96. What level of hostility do you feel now exists between you and the other parent?

- None Minimal Relatively mild Moderate Moderately severe
 Severe Life threatening

97. This hostility has also included:

- Financial manipulations/control Violence toward/destruction of property
 Withhold access to the children Strong expressions of dislike
 Threats of personal physical violence Custodial interference/kidnapping of the children
 Other verbal violence/abuse Actual personal physical violence
 Alienation of the children's affection Other, list:

98. Describe how you and the other parent have planned for the children and have resolved differences of opinion regarding the welfare of the children in the past three months. Has this been typically by telephone, in meetings, through therapists, mediators, or attorneys, through the courts, or by other means?

99. Describe how you and the other parent planned for the children and resolved differences of opinion regarding the welfare of the children *before there were serious problems in your relationship.*

100. What level of hostility do you feel is likely to exist between you and the other parent six months from now:

- None Minimal Relatively mild Moderate Moderately severe
 Severe Life threatening

101. This hostility is most likely to include:

- Financial manipulations/control Violence toward/destruction of property
 Withhold access to the children Strong expressions of dislike
 Threats of personal physical violence Custodial interference/kidnapping of the children
 Other verbal violence/abuse Actual personal physical violence
 Alienation of the children's affection Other, list:

102. List what you think are the four *most likely* areas of continuing or future disagreement and conflict between you and the other parent. For each of these areas of difficulty, indicate the form of decision-making and the form of dispute resolution that you feel would be the best to deal with each area of difficulty.

Area of Difficulty

Form of Decision Making and Dispute Resolution

| | |
|-------|---|
| _____ | Decision making that is <input type="checkbox"/> joint or <input type="checkbox"/> primary by _____ Dispute resolution through: <input type="checkbox"/> Counseling <input type="checkbox"/> Mediation <input type="checkbox"/> Arbitration <input type="checkbox"/> Court order |
| _____ | Decision making that is <input type="checkbox"/> joint or <input type="checkbox"/> primary by _____ Dispute resolution through: <input type="checkbox"/> Counseling <input type="checkbox"/> Mediation <input type="checkbox"/> Arbitration <input type="checkbox"/> Court order |
| _____ | Dispute resolution through: <input type="checkbox"/> Counseling <input type="checkbox"/> Mediation <input type="checkbox"/> Arbitration <input type="checkbox"/> Court order |
| _____ | Decision making that is <input type="checkbox"/> joint or <input type="checkbox"/> primary by _____ Dispute resolution through: <input type="checkbox"/> Counseling <input type="checkbox"/> Mediation <input type="checkbox"/> Arbitration <input type="checkbox"/> Court order |

103. Have you ever told the children about the current legal situation (separation, dissolution, clarification, modification, contempt, holiday visitation, health care, child support, spousal support, etc.)? (Yes ___ / No ___). Have you shown them any of the court papers, any of the evidence of any exhibits, or any reports, opinions, or recommendations? (Yes ___ / No ___). Have the children spoken with any of your attorneys? (Yes ___ / No ___). If “Yes,” to any question, describe.

104. Is it your opinion or belief that the other parent has told the children about the current legal situation (Yes ___ / No ___); has shown them any of the court papers, and of the evidence or any exhibits, or any reports, opinions, or recommendations (Yes ___ / No ___); or has had the children speak with any other attorneys?(Yes ___ / No ___). If “Yes” to any question, describe.

105. Are there any additional significant issues that might be raised regarding the care, welfare, parenting, visitation, or residence of the children that you have not already mentioned? (Yes ___ / No ___). If “Yes,” describe.

106. Is there any additional information, either positive or negative, that you would like to have considered in this evaluation? (Yes ___ / No ___). If “Yes,” feel free to include any information about events, incidents, decisions, judgments, or patterns or behavior or anything else that you have not already mentioned.

107. Summarize what you believe to be the most important issues and concerns that you wish to have considered.

Signed _____ *Date* ___ / ___ / ___

How many hours did you spend completing the P.H.S.? (___ Hours)

Did you have adequate time to complete the P.H.S. before it was due? (Yes ___ / No ___)

Would you like it returned to you for additional time? (Yes ___ / No ___)