



401 Smyth Rd, Ottawa, Ontario, K1H 8L1, 613-737-7600

# CPS

(Caregiver's Perception Survey)

Patient ID#: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Child/Youth's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

(Street)

(City)

(Postal code)

Child's School (name): \_\_\_\_\_ School Grade: \_\_\_\_\_

Name of individual filling out survey: \_\_\_\_\_

Relationship to child/youth: \_\_\_\_\_

Name & relationship of any other individual(s) accompanying child/youth to CHEO: \_\_\_\_\_

Who is currently living in the home with the child? (i.e.; mother, father, brother, sister...)

### Who recommended the child/youth come to the CHEO emergency department?

- Parent
- Family Doctor
- Another hospital: \_\_\_\_\_
- Child / Adolescent
- CAS
- School (name): \_\_\_\_\_
- Police
- Other: \_\_\_\_\_

### Today: what is the main reason for bringing the child/youth to the CHEO Emergency department? (Choose 1 only)

- Suicidal thoughts
- Suicide attempt
- Self-injury (physically hurts self on purpose)
- Depression / low mood / unstable mood
- Anxiety
- Bad temper / outbursts
- Violent behaviour
- Rule-breaking behaviour
- Drug and/or alcohol abuse: specify \_\_\_\_\_
- Psychosis (e.g. hearing voices, odd behaviour, seeing things)
- School issues
- Family conflicts
- Other \_\_\_\_\_

### Do you have any other concerns? (Choose a maximum of 3)

- No other concerns
- Suicidal thoughts
- Suicide attempt
- Self-injury (physically hurts self on purpose)
- Depression / low mood / unstable mood
- Anxiety
- Bad temper / outbursts
- Violent behaviour
- Rule-breaking behaviour
- Drug and/or alcohol abuse: specify \_\_\_\_\_
- Psychosis (e.g. hearing voices, odd behaviour, seeing things)
- School issues
- Family conflicts
- Other \_\_\_\_\_

### What do you think are the most significant or most important stresses in the child/youth's life that are contributing to this situation? (Choose a maximum of 3)

- School (grades, learning difficulties, problems with teachers, etc.)
- Friends/peers (no friends, not getting along with friends, dating issues, bullying, etc.)
- Issues with parents (fighting with parents, lack of communication, lack of involvement, etc.)
- Parent's marital issues (divorce, separation, fighting, etc.)
- Issues with siblings (brother/sister) (e.g. not getting along, jealousy, etc.)
- Blended family issues (step family issues)
- Family financial issues
- Parent's work/employment issues (working too much, working odd hours, no job, etc.)
- Traumatic/stressful event in family (death, accident, etc.)
- Child in care (group/foster home), CAS involvement
- Moving
- Illness in family (physical or mental)
- Other (please describe briefly): \_\_\_\_\_

### What are your child/youth's strengths?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### What are your expectations in coming to the CHEO Emergency Department?

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