

CRISIS ASSESSMENT - For Parents of ADULT Children

Tick off the behaviours which relate to you and your child over the last 3-6 months. Add to list if necessary

Family Problems	About Your Kid			
This is about you....	HOME	WORK/UNI	LEGAL	OTHER ISSUES
<input type="checkbox"/> Arguing with spouse/ partner over	<input type="checkbox"/> Personal Appearance/	<input type="checkbox"/> Often late for work	<input type="checkbox"/> Disorderly conduct	<input type="checkbox"/> Mood swings
<input type="checkbox"/> Arguing with others over child	<input type="checkbox"/> Refuses to do chores	<input type="checkbox"/> Not gone to work/uni	<input type="checkbox"/> Violent Conduct	<input type="checkbox"/> Counselling
<input type="checkbox"/> Withdrawal from spouse/partner	<input type="checkbox"/> Physical abuse	<input type="checkbox"/> Quit job/study	<input type="checkbox"/> Restraining order	<input type="checkbox"/> Hospital/Rehab
<input type="checkbox"/> Not having a peaceful nights sleep	<input type="checkbox"/> Verbal abuse	<input type="checkbox"/> Suspended	<input type="checkbox"/> Possession of drugs etc	<input type="checkbox"/> Irresponsible sex
<input type="checkbox"/> Felt depressed and tearful	<input type="checkbox"/> Comes home drunk/ stoned often	<input type="checkbox"/> Can't get a job	Shoplifts/steals	<input type="checkbox"/> Neglect or abuse of own children
<input type="checkbox"/> Hard to concentrate on work/routine tasks	<input type="checkbox"/> Damage to home	<input type="checkbox"/> Can't keep a job	Arrested	<input type="checkbox"/> Drug use
<input type="checkbox"/> Loss of time at work	<input type="checkbox"/> Threatens family	<input type="checkbox"/> Won't look for work	<input type="checkbox"/> Convicted	<input type="checkbox"/> Alcohol abuse
<input type="checkbox"/> Avoid talking about your child to others	<input type="checkbox"/> Poor sleeping habits	<input type="checkbox"/> Been drug tested positive in workplace	<input type="checkbox"/> Probation	<input type="checkbox"/> Drug dealing
<input type="checkbox"/> Feared being away from home	<input type="checkbox"/> Defiant to rules	<input type="checkbox"/> Had wages garnished	<input type="checkbox"/> In prison	<input type="checkbox"/> Suicidal
<input type="checkbox"/> Hate for phone to ring when your child	<input type="checkbox"/> Lies consistently	<input type="checkbox"/>	<input type="checkbox"/> Car accidents	<input type="checkbox"/> Debts
<input type="checkbox"/> Physical illness caused by fear or concern	<input type="checkbox"/> Doesn't contribute financially	<input type="checkbox"/>	<input type="checkbox"/> Unlicensed driving	<input type="checkbox"/> Gambling
<input type="checkbox"/> Feel guilt or shame	<input type="checkbox"/> Steals from family	<input type="checkbox"/>	<input type="checkbox"/> D.U.I.	<input type="checkbox"/> Mental illness
<input type="checkbox"/> Financial difficulties because of your child	<input type="checkbox"/> Doesn't repay loans	<input type="checkbox"/>	<input type="checkbox"/> Unpaid fines	<input type="checkbox"/> Physical illness
<input type="checkbox"/>	<input type="checkbox"/> Won't move out	<input type="checkbox"/>	<input type="checkbox"/> Child access/support	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Are you satisfied with the way things are? Describe the three most concerning behaviours ticked above.

1

2

3