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CLINICAL PSYCHOLOGY

The Parenting History Survey (PHS) is part of your forensic examination. It is not a test. It is a written interview that asks you to provide basic background information about the parenting of your children, their care-taking, and their previous and current living situations. The PHS 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. There is no need to complete the form in one sitting. Anticipate that while completing the PHS, 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. Anticipate that this task will take a number of hours. Answering thoroughly and carefully is very important.

You will be asked to provide both facts and opinions to the parenting examiner. Mark any “Not Applicable” questions as “NA”. If the space provided is not sufficient for you to answer a question fully, write in the most important part of your answer and mark that question with a (\*). Do not attach extra sheets or write in the margins. Remember that this questionnaire is only an attempt to alert the examiner to significant issues – not an attempt to present each issue and concern completely. Also mark with a star (\*) the questions that you feel address the most important issues in the examination. You will have a chance to be more complete and to provide additional documentation to the examiner during your interview. Do your best not to overstate or understate the information that you describe.

The term “other parent” is used throughout the PHS. In most instances, the other parent refers to the children’s other biological parent. The other parent may also be another parent figure or caretaker of the children. If the children have more than one other parent, answer the questions using the term 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 in the way that they are written. Answer all the questions about yourself. Use the other questions as an opportunity to tell the examiner anything that you think might be helpful in conducting the examination.

Complete the PHS yourself – without assistance from others. Do not discuss it with anyone including your attorney, your family, your counselor or your friends until after you have returned it to this office. You will be asked to certify that you have followed this instruction at the end of the questionnaire. If you cannot remember some factual information that is requested, feel free to look it up. Of necessity, some of the information is personal. Please try to answer as many questions as you can. Do not leave out information simply because it might reflect negatively on you. However, be aware that you do not need to provide information that might be criminally self-incriminating – simply write that you decline to answer.

The office personnel will help you with any part of the questionnaire that you do not understand, but they will not help you with interpreting the psychological importance of a question. The PHS is not a test of spelling, grammar, neatness, or how small you can print. It is important to write legibly in pen (not pencil) or type your answers directly onto the form so they may be photocopied later. Do not have someone else type, transcribe, or edit your answers for you. Printing your answers is fine. Do not attempt to recreate this form on a scanner or word processing program.

The PHS contains about 100 questions, but you will not need to respond, beyond checking “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. You may discover that you have already provided information 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.

Your providing the completed PHS in advance will allow the examiner to know a lot more about you from your perspective; your interviews will probably take less time; and your examination is likely to be more thorough. Keep in mind that some of what you write may be used as a basis for the examiner’s opinions, report, and testimony. The forensic examiner’s job is to perform a thorough, independent, and objective examination and to consider rival hypotheses both from the perspective of the moving party and that of the responding party. The information that you provide in this questionnaire will be very helpful to the examination process. After you have completed the PHS, you may photocopy it for yourself and for your attorney if you wish. Always copy it first if you are mailing the original to the examiner’s office. The reproduction of the blank forms is prohibited. Return the original questionnaire to the examiner’s office and then call the office to schedule your interviews.

1. Your Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Other Parent’s Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. <u>Name of Child</u>	<u>Sex</u>	<u>Current Age</u>	<u>Birth Date</u>	<u>Biological Mother</u>	<u>Biological Father</u>
_____	M/F	_____	____/____/____	_____	_____
_____	M/F	_____	____/____/____	_____	_____
_____	M/F	_____	____/____/____	_____	_____
_____	M/F	_____	____/____/____	_____	_____
_____	M/F	_____	____/____/____	_____	_____

4. What are the children’s biological relationships and legal relationships with you and with the other parent?

Biological rel. w/ you: \_\_\_\_\_ w/ other parent: \_\_\_\_\_

Legal rel. w/ you: \_\_\_\_\_ w/ 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 interests                                 |
| ___ openness, intimacy, trust | ___ common goals and desires                         |
| ___ parenting styles          | ___ differences that complemented each other         |
| ___ handling of finances      | ___ compatible marital and family roles/expectations |

- |  |  |
|--|--|
| <input type="checkbox"/> friendship and support        | <input type="checkbox"/> desire to have children/to be parents           |
| <input type="checkbox"/> shared world view             | <input type="checkbox"/> balance of authority, power, status and control |
| <input type="checkbox"/> love, affection and sex       | <input type="checkbox"/> mutual employment success and accomplishment    |
| <input type="checkbox"/> compatible faiths and beliefs | <input type="checkbox"/> other (please 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)..."

- |  |   |
|--|---|
| <input type="checkbox"/> threaten to mistreat me." | <input type="checkbox"/> threaten to harm him/her self."                      |
| <input type="checkbox"/> emotionally mistreat me." | <input type="checkbox"/> physically harm him/her self."                       |
| <input type="checkbox"/> sexually mistreat me."    | <input type="checkbox"/> use or create conflict in an abusive way."           |
| <input type="checkbox"/> physically mistreat me."  | <input type="checkbox"/> have a long term emotional or physical impairment."  |
| <input type="checkbox"/> use alcohol to excess."   | <input type="checkbox"/> withhold contact or access to the children from me." |
| <input type="checkbox"/> use drugs to excess."     | <input type="checkbox"/> other (please list):                                 |

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

- |  |  |
|--|--|
| <input type="checkbox"/> threaten to neglect or physically mistreat the children." | <input type="checkbox"/> chose to be absent from the children for extended periods." |
| <input type="checkbox"/> emotionally mistreat or neglect the children."            | <input type="checkbox"/> have an impaired emotional bond with the children."         |
| <input type="checkbox"/> sexually mistreat the children."                          | <input type="checkbox"/> be an adequate parent, but I am better for the children."   |
| <input type="checkbox"/> physically mistreat or neglect the children."             | <input type="checkbox"/> be inadequate or incompetent to care for the children."     |
| <input type="checkbox"/> other (please list):                                      |  |

8. To help familiarize the examiner, please 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)..."

- |  |                                    |                              |
|--|------------------------------------|------------------------------|
| ___ emotionally mistreat the children."                                | ___ emotionally mistreat him/her." | ___ use alcohol to excess."  |
| ___ sexually mistreat the children."                                   | ___ sexually mistreat him/her."    | ___ use drugs to excess."    |
| ___ threaten to physically mistreat the children."                     | ___ threaten to mistreat him/her." | ___ threaten to harm myself. |
| ___ physically mistreat the children."                                 | ___ physically mistreat him/her."  | ___ physically harm myself.  |
| ___ be adequate, but that he/she is a better parent for the children." |                                    |                              |
| ___ be inadequate or incompetent to care for the children."            |                                    |                              |
| ___ other (please list):   |                                    |                              |

10. 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 attorney for the children, social workers, case workers, teachers, pastors, physicians, mental health professionals, etc.?

<u>Name</u>	<u>Phone#</u>	<u>Title/Involvement/Role</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. List below any additional persons whom you would like to have examined or consulted and indicate the reason that you would like them to be involved.

<u>Name</u>	<u>Phone#</u>	<u>Title/Involvement/Role</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
14. The parenting, visitation, or residence arrangement now in effect began about \_\_\_\_/\_\_\_\_/\_\_\_\_.

15. This current arrangement is a [] temporary or a [] permanent arrangement.

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

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

Days/hours with you:

Days/hours with the other parent or another custodian:

18. Are there significant problems involving the current visitation or residence schedule itself? Y / N  
If "yes", please describe.

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

20. Is this examination being conducted by the order of the court? Y / N

Has this examiner been appointed by the court? Y / N

If “yes”, indicate the court appointed role

evaluator/examiner       guardian ad litem       arbiter       special master

Is this the first psychological, psychiatric or mental health examination of any type in which any member of the family or families has participated? Y / N

Is this examination being conducted with the knowledge and consent of each person who has legal custody of each child in question? Y / N

Is this examination permitted without any restrictions in all previous court orders? Y / N

If “no” to any of the above, please describe:

21. If you or the other parent are currently represented by counsel, please provide the following information about each attorney.

Name of your attorney:

Name of other parent’s attorney:

Address:

Address:

City, State, Zip:

City, State, Zip:

Phone number:

Phone number:

Fax number:

Fax number:

22. Have you ever had a different attorney? [Y / N] Have you ever acted as your own attorney in any matter before the court? [Y / N]

23. Has the other parent ever had a different attorney? [Y / N] Has the other parent ever acted as his/her own attorney in any matter before the court? [Y / N]

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

25. Are there any documents that you would like the examiner to review (such as pleadings, court orders, decrees, affidavits, police reports, letters, school or medical records, etc.)? [Y / N] If “yes”, please provide copies of the documents to the examiner. Summarize the major facts that you want the examiner to gain from reviewing these documents.

26. Have you received any other professional examinations, recommendations, or opinions related to this matter? [Y / N] Are any additional professional opinions anticipated? [Y / N] If “yes” to either question, please provide copies of any past examinations, letters or reports. Do you consent for the examiner to consult with these persons? [Y / N] Describe if appropriate.

27. Are there any upcoming court dates or other deadlines of which you are aware? [Y / N] Will you notify this office when future dates for conferences, depositions, hearings, or trials are determined? [Y / N] Remember to reserve time with the examiner for his/her testimony, if desired.

Mediation: \_\_\_\_/\_\_\_\_/\_\_\_\_      Hearing: \_\_\_\_/\_\_\_\_/\_\_\_\_      Deposition: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Trial: \_\_\_\_/\_\_\_\_/\_\_\_\_      Other: \_\_\_\_\_

28. Is there additional information that you would like to present regarding the legal history of this matter? [Y / N] If “yes”, please describe.

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

Name	Relationship	Name	Relationship
_____	_____	_____	_____
_____	_____	_____	_____


30. 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.

31. Do your family, friends or neighbors or those of the other parent have any involvement that you think is significant in the parenting, custody, residence, or visitation issues? [Y / N] If “yes”, please describe.

32. Might concerns or allegations about the children’s relationships and involvement with their extended families on either side be raised as part of this examination? [Y / N] If “yes”, please describe

33. Indicate the last three schools you attended, the area, program, or major in which you concentrated, the dates of attendance, the degrees earned, and your average grades at those schools.

<u>School</u>	<u>Program/Major</u>	<u>Dates Attended</u>	<u>Degree Earned</u>	<u>GPA</u>
_____	_____	__/__/__ to __/__/__	_____	_____
_____	_____	__/__/__ to __/__/__	_____	_____
_____	_____	__/__/__ to __/__/__	_____	_____

34. Might concerns or allegations be raised about your educational history or that of the other parent that are relevant to the current examination? [Y / N] If “yes”, please describe.

35. Describe your work history for your past four employments. Start with your most recent position. Include homemaker and include periods of unemployment, where appropriate.

<u>Employer</u>	<u>Position</u>	<u>Dates</u>	<u>Responsibilities</u>	<u>Reason Left</u>
_____	_____	__/__/__ to __/__/__	_____	_____
_____	_____	__/__/__ to __/__/__	_____	_____
_____	_____	__/__/__ to __/__/__	_____	_____
_____	_____	__/__/__ to __/__/__	_____	_____

36. Might concerns or allegations be raised about your work and professional history or that of the other parent that would be relevant to the current examination? [Y / N] If “yes”, please describe.

37. Might concerns or allegations about your physical health or that of the other parent be raised as part of the examination including such concerns as illnesses, injuries, physical fitness, smoking, over- or under-eating, etc.? [Y / N] If “yes”, describe your general health and describe any concerns.

38. Might concerns or allegations about coercive, intimidating, aggressive, violent, or hostile behavior on your part be raised by the other parent as part of this examination? [Y / N] If “yes”, please describe.

39. Do you have any concerns about coercive, intimidating, aggressive, violent or hostile behavior on the part of the other parent that would be relevant to this examination? [Y / N] If “yes”, please describe.

40. Have you ever had any psychological counseling or therapy? [Y / N] If “yes”, please provide the following information.

<u>Counselor Name, Address, Phone #</u>	<u>Dates</u>	<u>Number of appts</u>	<u>Reason for entering counseling</u>
_____	___/___/___ to ___/___/___	_____	_____
_____	___/___/___ to ___/___/___	_____	_____
_____	___/___/___ to ___/___/___	_____	_____
_____	___/___/___ to ___/___/___	_____	_____

41. Have you attended any parenting classes, anger management classes, marriage seminars, A.A. meetings or other psychologically oriented meetings, classes or seminars? [Y / N] If “yes”, please answer the following questions.

<u>Name of class or seminar</u>	<u>Dates</u>	<u>Number of hours</u>	<u>Reason for attending</u>
_____	____/____/____ to ____/____/____	_____	_____
_____	____/____/____ to ____/____/____	_____	_____
_____	____/____/____ to ____/____/____	_____	_____
_____	____/____/____ to ____/____/____	_____	_____

42. 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 (number of times each day, week, or month), and how much you drank each time.

<u>When</u>	<u>Where</u>	<u>What</u>	<u>How often</u>	<u>How much</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

<u>When</u>	<u>Where</u>	<u>What</u>	<u>How often</u>	<u>How much</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

44. Might concerns or allegations about your use of alcohol or that of the other parent be raised as part of this examination? [Y / N] If “yes”, please describe any history of problems involving the use of alcohol and any changes in this pattern.

45. Describe your use of all non-legal drugs in the past year.

<u>When</u>	<u>Where</u>	<u>What</u>	<u>How often</u>	<u>How much</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

<u>When</u>	<u>Where</u>	<u>What</u>	<u>How often</u>	<u>How much</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

47. Might concerns or allegations about your use of legal or non-legal drugs or that of the other parent be raised as part of this examination? [Y / N] If “yes”, describe the history of any drug use and describe any changes in this pattern.

48. Has there been any contact with any professional 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 [Y / N], your family [Y / N], the other parent [Y / N], or the family of the other parent [Y / N] that you have not already described? If “yes” to any, please describe.

49. Have you had any marriages or other long term romantic relationship prior to the one with the other parent? [Y / N] If “yes”, please provide the following details.

<u>Start/End Dates</u>	<u>Type of Adult Relationship</u>	<u>Current Quality of Relationship</u>	<u>Child Name(s)</u>	<u>Age</u>

50. If you have children from a previous relationship, please provide the following information.

<u>Child's name</u>	<u>Current Parenting arrangement</u>	<u>Amount of time you actually spend w/ the child</u>	<u>Describe your current rel. with the child</u>

51. Did you contribute significantly to the problems in your relationship with the other parent? [Y / N] 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? [Y / N] If “yes”, please describe your understanding of each of the significant problems, 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 the end of your relationship with the other parent, were you involved in any other romantic or intimate relationships? [Y / N] If “yes”, describe the impact this 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? [Y / N] If “no”, provide date of separation and your current living arrangements.

56. Are you currently involved in any romantic or intimate relationship? [Y / N] 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 examined? [Y / N]

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 relationship? [Y / N] Do you think that the other parent is currently involved in any romantic or intimate relationships? [Y / N] If “yes” to either, describe the 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 examination? [Y / N] If “yes”, please 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 [Y / N] or that of the other parent [Y / N]? If “yes” to either, please 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? [Y / N] If “yes”, please 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 a victim of any form of abuse, neglect, or exploitation? [Y / N] If “yes”, please describe any concerns 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?

\_\_\_\_\_ %

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

	<u>You/month</u>	<u>Other parent/month</u>	<u>Comments</u>
Dressed the children	_____ times	_____ times	_____
Bathed them	_____ times	_____ times	_____
Toileted them	_____ times	_____ times	_____
Read to them	_____ times	_____ times	_____
Cooked for or fed 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 or books	_____ times	_____ times	_____
Shopped for their clothes	_____ times	_____ times	_____
Got up in the night with them	_____ times	_____ times	_____
Stayed home with them when sick	_____ times	_____ times	_____
Took them to/from religious activities	_____ times	_____ times	_____
Took them to sports/school activities	_____ times	_____ times	_____
Other: _____	_____ times	_____ times	_____
Other: _____	_____ times	_____ times	_____

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

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

66. Might concerns or allegations about your parenting activities, parenting ability, or parenting style be raised as part of this examination? [Y / N] If “yes”, please 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 part of this examination? [Y / N] If “yes”, please describe.

69. Are there any significant disagreements between you and the other parent in the area of education for the children? [Y / N] 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? [Y / N] 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? [Y / N] 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, ability, or skill that the children enjoy? [Y / N] If “yes”, describe your involvement and that of the other parent in these areas.

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

	Child / Problem Treated	Person who brought to visit
Name of Provider		
_____		_____
Profession		Date of last visit
_____		
Address		____ / ____ / ____
_____		
_____		
Phone number		
_____		

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	Child / Problem Treated	Person who brought to visit
Name of Provider		
_____		_____
Profession		Date of last visit
_____		
Address		____ / ____ / ____
_____		
_____		
Phone number		
_____		

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	Child / Problem Treated	Person who brought to visit
Name of Provider		
_____		_____
Profession		Date of last visit
_____		
Address		____ / ____ / ____
_____		
_____		
Phone number		
_____		

Phone number

\_\_\_\_\_

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Name of Provider	Child / Problem Treated	Person who brought to visit
_____		_____
Profession		Date of last visit
_____		
Address		____/____/____
_____		
_____		
Phone number		
_____		

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Name of Provider	Child / Problem Treated	Person who brought to visit
_____		_____
Profession		Date of last visit
_____		
Address		____/____/____
_____		
_____		
Phone number		
_____		

74. Are there any significant disagreements between you and the other parent in the area of health care? [Y / N] If “yes”, describe your involvement and that of the other parent in the health care of the children.

75. Do you believe that any of the children could benefit from any special services related to speech, hearing, or sight problems, or from other physical or psychological problems, developmental delays, or chemical addiction? [Y / N] If “yes”, describe.

76. What is your work schedule and what is the schedule of the other adult activities in which you engage such as athletic teams, club 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 schedules?

79. Have there been any difficulties regarding telephone or mail contact with the children during the separation? [Y / N] 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 any of the children? [Y / N] If “yes”, please 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? [Y / N] 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? [Y / N] If “yes”, please 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 of the parents? 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? [Y / N] If "yes", please describe.

85. Might concerns or allegations about the residences, living conditions, or neighborhoods of either parent be raised as an issue in this examination? [Y / N] 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 concerns.

86. Have the children said anything to you or to others with regard to their perceptions, feelings, opinions, and preferences about their parenting, visitation, or residence? [Y / N] If "yes", please 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 led to say what they did.

88. How much weight do 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 to their welfare? [Y / N] 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, or 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:

Winter Vacation (including Christmas Eve/Day and New Year's Eve/Day):

Spring Vacation (Including Easter Sunday):

Summer Vacation (Including July Fourth and Labor Day):

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

	With You	With other Parent	Alternate Yearly	No Special Schedule	Other: Specify
President's Day	[ ]	[ ]	[ ]	[ ]	_____
MLK Day	[ ]	[ ]	[ ]	[ ]	_____
Valentine's Day	[ ]	[ ]	[ ]	[ ]	_____
Memorial Day	[ ]	[ ]	[ ]	[ ]	_____
Halloween	[ ]	[ ]	[ ]	[ ]	_____
Thanksgiving Weekend	[ ]	[ ]	[ ]	[ ]	_____
Children's Birthdays	[ ]	[ ]	[ ]	[ ]	_____
Your Birthday	[ ]	[ ]	[ ]	[ ]	_____
Other Parent's Birthday	[ ]	[ ]	[ ]	[ ]	_____
Mother's Day	[ ]	[ ]	[ ]	[ ]	_____
Father's Day	[ ]	[ ]	[ ]	[ ]	_____
Religious Holidays	[ ]	[ ]	[ ]	[ ]	_____
Other: _____	[ ]	[ ]	[ ]	[ ]	_____

93. What is the maximum number of days that you think the children could be separated without ill effect from you and from their 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 from yourself for 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, child care, 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 access to transportation, use of a telephone, etc.) [Y / N] If "no", please 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

97. This hostility has also included:

- |  |  |
|--|--|
| <input type="checkbox"/> financial manipulation/control        | <input type="checkbox"/> violence toward/destruction of property |
| <input type="checkbox"/> alienation of children's affection    | <input type="checkbox"/> strong expressions of dislike           |
| <input type="checkbox"/> threats of personal physical violence | <input type="checkbox"/> actual physical violence                |
| <input type="checkbox"/> withhold access to the children       | <input type="checkbox"/> custodial interference/kidnapping       |
| <input type="checkbox"/> verbal violence/abuse                 | <input type="checkbox"/> other (specify):                        |

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

I certify that I have completed this questionnaire accurately, to the best of my ability, and without assistance from others.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

How many hours did you spend completing the PHS? \_\_\_\_\_ hours

Did you have adequate time to complete the PHS before it was due? [Y / N]

Would you like it returned to you for additional time? [Y / N]

Please indicate how adequate you found this questionnaire to be in providing to you an initial brief opportunity to organize and present basic background information about the current parenting, custody, visitation and/or residence situation.

\_\_\_ Very Adequate    \_\_\_ Adequate    \_\_\_ Neutral    \_\_\_ Inadequate    \_\_\_ Very Inadequate

OPTIONAL: Do you have any suggestions for improving the PHS so that it might be more useful to other people in the future? Can you suggest specific questions that might be added, omitted, or reworded?