

**DRUG ENDANGERED CHILDREN INVESTIGATION GUIDELINES
QUESTIONNAIRE FOR DHS / CHILD ABUSE DETECTIVES
(all questions may not be applicable in all situations)**

Child's Name: _____ **Child's D.O.B.** _____ **Photographed?** *Yes No*

Number of Siblings: _____

Medical Care Information: **Care Facility:** _____ **Doctor:** _____

Dental Care: **Dentist Group/Name:** _____ **City:** _____

Dietary Habits: **Average Meals Per Day:** _____ **Who Usually Feeds:** _____

Average Breakfast:
Average Lunch:
Average Dinner:

Hygiene Habits: **Bath:** _____ **Where:** _____ **How Often:** _____

Teeth Brushed: _____ **Where:** _____ **How Often:** _____

Sleep Habits: **Where:** _____ **When:** _____ **With:** _____

Anywhere Else: _____ **With:** _____

Play Habits: **Where:** _____ **When:** _____ **With:** _____

How Often: _____ **What Type:** _____

Caretaker Info: **Primary's Name:** _____

Custody Issues: *Full Shared Weekdays only Weekends only Visitor Other:*
Address: _____ Phone: _____
Where: _____ Activities: _____
Secondary's Name: _____

Custody Issues: *Full Shared Weekdays only Weekends only Visitor Other:*
Address: _____ Phone: _____
Where: _____ Activities: _____

Ever Left Alone: *Yes No* **How Often:** _____ **#Hours/Days:** _____
Left w/ Strangers: *Yes No* **How Often:** _____ **#Hours/Days:** _____
Left w/ Relatives: *Yes No* **How Often:** _____ **#Hours/Days:** _____
Left w/ Sitters: *Yes No* **How Often:** _____ **#Hours/Days:** _____

Nearest Relative/Close Friend:

Name: Relationship:
Address: Phone:

Name: Relationship:
Address: Phone:

Name: Relationship:
Address: Phone:

School: Name: Grade Level: Grades:

Attendance: Held Back:
How Transported To/From:
Activities/Sports/Accomplishments:

Who:

Who lives at the site?

Who visits the site?

Who watches them?

Who takes them places?

Who do they like & why?

Who do they trust & why?

Who do they see use drugs?

Who disciplines them?

What?

What do the adults do on the property?

What do visitors do?

What have they seen going on?

What do the adults talk about?

What's different than their friends' homes?

What kind of odors have they smelled?

What suspicious activity have they seen?

When?

When do others visit?

When does most of the activity occur?

When do they play?

When do they study?

When do their parents sleep?

When are they disciplined?

Where?

Where (areas) are they restricted from?

Where do the adults go?

Where do they think the drugs are?

Where do they think the guns are?

Where is anything buried?

Why?

Why don't they go to school?

Why is the property/house so messy?

Why are they restricted from the room/shed/garage?

Why don't they have (toys/clean clothes/food)?

Why are they isolated from other children?

Why do they have health problems?

Why are the police here?

How?

How long have they lived on the property?

How often do visitors come over?

How long do the visitors stay?

How do the visitors threat them?

How may times have they seen drugs?

How many times have they seen drug sales?

How are they reacting to the police activity?

How are their lives different than their friends?

How often have they witnessed domestic violence?

How do they get disciplined?

How often?

How many times have they seen porno (magazines, books, tapes, TV)?

Have They?

	Ever used drugs?	<i>Yes</i>	<i>No</i>	Type:	# of Times:
:	Ever acted as police lookouts?	<i>Yes</i>	<i>No</i>		# of Times:
	Ever carried drugs for others?	<i>Yes</i>	<i>No</i>		# of Times:
	Ever urinated in a cup?	<i>Yes</i>	<i>No</i>		# of Times:

The Information Used To Complete This Questionnaire Was Provided By:

Name Of Case Worker/Detective Completing Questionnaire:

Date Questionnaire Completed: