

# PARENTAL QUESTIONNAIRE

This survey is confidential and the information you provide  
will not be made public without your prior consent.

<b>PLEASE PRINT</b>		NAME OF PARENT(S) _____	
ADDRESS _____		PHONE (AM) _____	
CITY _____ STATE _____ ZIP _____		PHONE (PM) _____	
SERVICE(S) RENDERED TO YOUR CHILD WITHOUT YOUR KNOWLEDGE  <input type="radio"/> birth control / contraception (pills, condoms, etc.) <input type="radio"/> an abortion <input type="radio"/> a judicial bypass for an abortion <input type="radio"/> a pregnancy test <input type="radio"/> treatment or testing for a sexually transmitted disease <input type="radio"/> school counseling regarding any of these services <input type="radio"/> other _____		CHILD'S NAME _____	
WAS YOUR CHILD GIVEN A REFERRAL FOR THIS SERVICE <input type="radio"/> yes <input type="radio"/> no <input type="radio"/> I don't know  IF SO, WHO GAVE THIS REFERRAL _____  DID OTHER ADULTS KNOW ABOUT THIS SITUATION <input type="radio"/> yes <input type="radio"/> no <input type="radio"/> I don't know IF SO, WHO _____  DID OTHER ADULTS HELP CONCEAL THIS SITUATION FROM YOU <input type="radio"/> yes <input type="radio"/> no <input type="radio"/> I don't know IF SO, WHO _____		CHILD'S AGE AT TIME SERVICE RENDERED _____	CHILD'S AGE TODAY _____
		WHEN DID YOU FIND OUT ABOUT THIS SITUATION _____	
		HOW DID YOU FIND OUT ABOUT THIS SITUATION _____	
		HOW OLD WAS THE PERSON WHO WAS HAVING SEXUAL RELATIONS WITH YOUR CHILD _____	
HAVE YOU TALKED TO ANYONE IN LAW ENFORCEMENT ABOUT THIS SITUATION <input type="radio"/> yes <input type="radio"/> no  IF SO, WHAT WERE THE RESULTS OF THAT CONTACT _____ _____		HAVE YOU TALKED TO AN ATTORNEY ABOUT THIS SITUATION <input type="radio"/> yes <input type="radio"/> no  IF SO, WHAT WERE THE RESULTS OF THAT CONTACT _____ _____	
		DESCRIBE THE IMPACT THIS SITUATION HAS HAD ON YOU, YOUR CHILD, AND THE REST OF YOUR FAMILY (CONTINUE ON OTHER SIDE IF NECESSARY) _____ _____ _____ _____	
Would you like someone to contact you about the possibility of bringing a lawsuit against those who may have had a role in the sexual exploitation of your child? <input type="radio"/> yes <input type="radio"/> no			

When you have completed this survey, mail or fax it to:

**LIFE DYNAMICS INCORPORATED**

Post Office Box 2226 • Denton, Texas 76202 • (940) 380-8800 • fax (940) 380-8700