



<h1>NEW PATIENT FORMS</h1>

Name: _____ Relationship to Patient: _____ Date _____

DIRECTIONS

For the following four questions, please *circle the number* on the scale that corresponds to your answer.

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1. How critical do you think **you are of** your child?

Not at all critical	1 2 3 4 5 6 7 8 9 10	Very critical
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2. When you criticize your child, **how upset does he/she get?**

Not at all upset	1 2 3 4 5 6 7 8 9 10	Very upset
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