

Self Survey of Characteristics of Children in Residential Facilities

**ANSWER SHEET and DATA ENTRY FORM**  
(For Completing Self Survey Questionnaire)

Identifying Information	Case #	Agency Code	Program Code	Reviewer	Reviewer's Title								
	Review Date	Child's DOB	Child's Initials	County	Placement Date	Placement Code	Other Placement						
	IQ Score	Name of IQ Test		IQ Test Date	School Placement Code		Other School Placement						
	Behavior Problems			Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	
	Q20	Q21	Q22	Q23	Q24	Q25	Q26	Q27-1	Q27-2				
	Q28	Q29	Q30	Q31	Q32	Q33	Q34-1	Q34-2					
	Mental Illness and Psychiatric Symptoms			Q35	Q36	Q37	Q38	Q39	Q40	Q41	Q42	Q43	Q44
	Q45	Q46	Q47	Q48-1	Q48-2			Q49	Q50-1	Q50-2			
	Q51-1	Q51-2		Q52-1			Q52-2		Q53				
	Developmental Disabilities	Q54	Q55	Q56	Q57-1	Q57-2		Q58					
	Skills in Activities of Daily Living			Q59	Q60	Q61	Q62	Q63	Q64	Q65			
	Health Problems and Physical Disabilities	Q66	Q67	Q68	Q69	Q70-1	Q70-2		Q71-1				
	Q71-2	Q72		Q73									