

Missing Children With Special Needs Lost-Person Questionnaire

This questionnaire should be used in conjunction with the National Center for Missing & Exploited Children®'s *Missing Children With Special Needs* addendum and *Investigative Checklist for Law Enforcement When Responding to Missing Children With Special Needs* available at the Resources for Law Enforcement section of www.missingkids.com.

For immediate assistance with the search for a missing child call the National Center for Missing & Exploited Children at 1-800-THE-LOST® (1-800-843-5678).

Incident Name		Today's Date		Time	
Interviewed By			Case Number		
Lost Person					
Full Name			DOB		Sex
Home Address				Zip + 4	
Home Phone			Cell Phone		
Physical Description					
Height	Weight	Age	Build	Eye Color	
Hair			Glasses		
Distinguishing Marks (scars/moles/tattoos/piercings)					
Overall Appearance					
Photo Available		Y <input type="checkbox"/> N <input type="checkbox"/>		Where?	
Next of Kin					
Name					
Address					
Home Phone			Cell Phone		
Relationship to Subject					
Close Friend					
Name					
Address					
Home Phone			Cell Phone		
Name					
Address					
Home Phone			Cell Phone		
Place Last Seen					
Time	Where			How	
Seen by Whom					
Weather Conditions at Time Last Seen					
Current Weather Conditions					
Direction of Travel Last Seen					

Reason for Leaving				
Mood (confident, confused, other)				
Comments				
Clothing/Equipment				
	Style	Color	Size	Other
Shirt/Sweater				
Pants (Belt)				
Hat				
Rain Gear				
Gloves				
Shoes				
Sole Pattern				
Jacket				
Additional Clothing				
Tracking Device				
Family Doctor/Pediatrician				
Name				
Office Address				
Office Phone			Cell Phone	
Other Contact Information				
Caregiver				
Name				
Address				
Home Phone			Cell Phone	
School				
Name				
Address				
Teacher's Name				
Phone Number				
Outdoor Experience				
Familiar With Area				
Ever Lost Before			When	
Y <input type="checkbox"/> N <input type="checkbox"/>				
Where				
Health/General Condition				
Overall Health				
Overall Physical Condition				
Known Medical/Dental Problems				
Handicaps/Deformities/Prosthetics				
Known Psychological Problems				

Medication		
Dosages		
Medication Side Effects		
Witness Information		
Name		
Home Address		
Home Phone	Cell Phone	Relationship
Witness Comments		
Actions Taken		
By Family/Friends		
Results		
Others		
Results		
Comments		

**Additional Information For Children With Autism
To Address Immediate Life Saving Efforts**

Tracking Technology Device Worn/Carried Y <input type="checkbox"/> N <input type="checkbox"/>
If So, How Are Tracking Measures Initiated
Child Attracted to Water Y <input type="checkbox"/> N <input type="checkbox"/> If Specific Body of Water, Which One
Child Able to Swim Y <input type="checkbox"/> N <input type="checkbox"/>
Child Attracted to Roadways/Highways Y <input type="checkbox"/> N <input type="checkbox"/> If Specific, Which One(s)
Child Attracted to Trains <input type="checkbox"/> Heavy Equipment <input type="checkbox"/> Airplanes <input type="checkbox"/> Fire Trucks <input type="checkbox"/>
Other Vehicles, Specify
Child Wandered Before Y <input type="checkbox"/> N <input type="checkbox"/>
Where Found
Child Have Siblings With Special Needs Y <input type="checkbox"/> N <input type="checkbox"/>
Sibling Wandered Before Y <input type="checkbox"/> N <input type="checkbox"/>
Where Found
Favorite Places/Locations
Child Verbal <input type="checkbox"/> Nonverbal <input type="checkbox"/>
Reaction When Name Called
Responds to Voice of Mother <input type="checkbox"/> Father <input type="checkbox"/> Other, Specify
Favorite Song
Favorite Toy
Favorite Character
Knows Parents' Names <input type="checkbox"/> Home Address <input type="checkbox"/> Phone Number <input type="checkbox"/>
Other Contact Information, Specify
Dislikes

Fears	
Behavioral Triggers	
Reaction to	Sirens
	Aircraft
	Canines/Search Dogs
	People in Uniform/Searchers
Response to Pain/Injury	
Response to Being Touched	
Wears Medical ID Tag Y <input type="checkbox"/> N <input type="checkbox"/>	
Sensory, Medical, Dietary Issues/Requirements	
Methods Used to Calm Child Once Upset	
Special-Needs Conditions	

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