

## 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](http://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		
<b>Lost Person</b>					
Full Name			DOB		Sex
Home Address				Zip + 4	
Home Phone			Cell Phone		
<b>Physical Description</b>					
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?	
<b>Next of Kin</b>					
Name					
Address					
Home Phone			Cell Phone		
Relationship to Subject					
<b>Close Friend</b>					
Name					
Address					
Home Phone			Cell Phone		
Name					
Address					
Home Phone			Cell Phone		
<b>Place Last Seen</b>					
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				
<b>Clothing/Equipment</b>				
	<b>Style</b>	<b>Color</b>	<b>Size</b>	<b>Other</b>
Shirt/Sweater				
Pants (Belt)				
Hat				
Rain Gear				
Gloves				
Shoes				
Sole Pattern				
Jacket				
Additional Clothing				
Tracking Device				
<b>Family Doctor/Pediatrician</b>				
Name				
Office Address				
Office Phone			Cell Phone	
Other Contact Information				
<b>Caregiver</b>				
Name				
Address				
Home Phone			Cell Phone	
<b>School</b>				
Name				
Address				
Teacher's Name				
Phone Number				
<b>Outdoor Experience</b>				
Familiar With Area				
Ever Lost Before		Y <input type="checkbox"/>	N <input type="checkbox"/>	When
Where				
<b>Health/General Condition</b>				
Overall Health				
Overall Physical Condition				
Known Medical/Dental Problems				
Handicaps/Deformities/Prosthetics				
Known Psychological Problems				

Medication		
Dosages		
Medication Side Effects		
<b>Witness Information</b>		
Name		
Home Address		
Home Phone	Cell Phone	Relationship
Witness Comments		
<b>Actions Taken</b>		
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	
<b>Reaction to</b>	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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