



DEVELOPMENTAL HISTORY QUESTIONNAIRE

Caregivers: This questionnaire has been prepared to allow review of your child's early development in a variety of areas which may not be obviously relevant to the reason your child will be seen in my office. Please take the time to complete each of the following pages as thoroughly as possible, and feel free to add your comments and elaborations on the reverse of any page. Thank you, in advance, for your time and effort with this form.

DEMOGRAPHICS:

1. This child's full name is: _____

2. The child's date of birth is _____

3. This child's present primary address is: _____

SEPARATION AND DIVORCE: If this child's caregivers have separated or divorced any time since the child's birth, please indicate on the reverse (a) dates of separations, reunion, divorce and remarriages, as applicable; (b) the legal conditions of visitation and custody; and (c) your feeling about whether this child was successfully kept out of the middle of the divorce.

FOSTER CARE AND ADOPTION: If this child is or has been in foster care, or is adopted, please indicate on the reverse (a) dates and reasons for foster care; (b) plan for return to or contact with other caregivers; and/or (c) details and history about natural parents/ reasons for adoption.

4. The name of the person completing this form is: _____

5. This child is presently in _____ grade

6. How would you describe this child's physical appearance? (Include a photo if you wish)

7. Has this child reached puberty? YES NO

8. Has this child ever been in psychotherapy before? YES NO *If YES, please describe on the reverse.*

9. This child's response upon learning that s/he has been referred for psychological services was: (circle one of A-E):

"No way! I'm not going!"

"I'll give it a try."

Child requested services.

"O.K., if I have to..."

Child doesn't know yet.



CONFIDENTIAL DEVELOPMENTAL HISTORY

Child's Name: _____

CONCEPTION AND DELIVERY

10. Was this child's conception planned? YES NO

11. How long was necessary to become pregnant? _____ Months

12. What was the reaction to learning of the pregnancy?

Father: _____

Mother: _____

13. Was the baby carried to term (9 months)? YES NO

14. Birth Weight: _____ pounds and _____ ounces

15. Birth Length: _____ inches

16. During pregnancy, the child's natural mother did which of the following?

Smoked Tobacco Drank Alcohol Was Injured or Fell Had Serious Illness/Surgery

Used Prescription Drugs. Please Specify: _____

Experienced Other Major Stress. Please Specify: _____

17. Please indicate which of the following was true of delivery:

Vaginal Delivery Cesarean Section V-Back Mother Had General Anesthetic

Mother and Child Had Skin-to-Skin Contact After Birth

Baby Experienced Fetal Distress. Please Specify: _____

18. What were the child's APGAR scores? _____ and _____

19. Did mother or child experience medical complications following delivery? YES NO

Please elaborate: _____

20. Mother returned home at _____ days after delivery.

Child returned home at _____ days after delivery

INFANCY AND TODDLER YEARS



(Approximately ages 0 through 2 years old)

21. Please check in the boxes below which caregiver was **primarily** responsible for each of the activities listed at left.
(Please Specify:)

ACTIVITY:	MOTHER	FATHER	OTHER
Feeding			
Bathing			
Diapering			
Responding to Crying			
Playing			

22. Was this child breast-fed? YES NO If so, s/he was weaned at ____ months old.

23. Did you feel that any of the child's early behaviors were "odd" or "unusual"? YES NO

If please elaborate: _____

24. Please note the approximate ages at which this child consistently was able to do each of the following:

____ Sits Alone ____ Stands Unassisted ____ Rolls Over Unassisted
____ Says First Words ____ Walks Unassisted ____ Says First Sentences
____ Sleeps Through Night ____ Full Bowel Control ____ Fears Strangers
____ Full Urine Control ____ Shared Toys with Others ____ Scribbled with a Crayon

25. What three adjectives best describe this child during infancy and toddler years?

(examples include: Cuddly; Distant; Curious; Demanding; Loner; Clingy; Hyper; Tense; Loving; Angry)

_____ / _____ / _____

26. What was the most difficult part of this child's first two years?

27. Did the child experience any illness/ injury or prolonged separations during the first two years?

If YES, please elaborate. _____



PRESCHOOL YEARS

(Approximately 2 to 5 years old)

28. Please use the table below to indicate how this child responded to others during these years:

ACTIVITY:	HAPPY	INDIFFERNT	UPSET
Held by Mother			
Plays Near Mother			
Mother Leaves Child			
Held by Father			
Plays Near Father			
Father Leaves Child			
Stranger Approaches			
Stranger Holds Child			

29. Please note the approximate ages at which this child consistently was able to do each of the following:

- | | | |
|-----------------------------|--------------------------|-----------------------------|
| _____ Tie Shoes | _____ Dresses Unassisted | _____ Bathes Unassisted |
| _____ Cleans Up When Asked | _____ Brushes Own Teeth | _____ Began Day Care |
| _____ Birth of Next Sibling | _____ Began Preschool | _____ Shares and Cooperates |
| _____ Began Kindergarten | _____ Writes Own Name | _____ Reads Short Words |

30. Did this child have a favorite object (toy, animal) which seemed to comfort him or her? YES NO

If YES, When did the child give up this object? _____ years old

31. Please describe any rules, rewards or punishments used routinely with the child between the ages of 2 and 5 years old, approximately: _____

Rule or Expectation: _____

Reward or Incentive: _____

Punishment or Consequence: _____

EXAMPLES:

- A) Put toys away B) Eat all of supper C) Earn Allowance D) Get Dessert E) Toys are Taken Away F) None

ELEMENTARY SCHOOL YEARS



(Approximately ages 6 through 11 years old)

HAS THIS CHILD . . .

- 32. Had any prolonged absences from school? YES NO
- 33. Failed or repeated any grade? YES NO
- 34. Had psychological testing of any kind? YES NO
- 35. Had speech and language or audiological testing? YES NO
- 36. Ever been suspended or expelled from any activity? YES NO

Please elaborate on any "YES" responses. _____

37. What three adjectives best describe this child's attitude toward school and learning?

(Examples: excited; avoidant; bored; resentful; enthusiastic; motivated; disgusted; indifferent)

_____ / _____ / _____

38. In elementary school, this child's **FAVORITE SUBJECT** was: _____

BEST SUBJECT was: _____ **WORST SUBJECT** was: _____

39. Please indicate any **EXTRA-CURRICULAR** or **CO-CURRICULAR** activities in which this child participated. (Include name of activity; ages when participated; enjoyed participating? Was your child successful in this activity?) **EXAMPLE: boy scouts; 9-11 years old; very much; earned eagle scout**

40. In elementary school, this child wanted to be a _____ when s/he grew up.

41. During these same years, did this child . . .

- a. Know the names of male and female body parts? YES NO
- b. Understand "where babies come from?" YES NO
- c. Show any interest in sexual activity? YES NO
- d. Act out in a sexualized manner? YES NO
- e. Engage in sexual activities with others YES NO

FAMILY AND HOME



If anyone else lives in the same home with the child (examples: butler, roommate, nanny, uncle, grandparent), please list them here:

43. The child presently lives in . . .

House Trailer Apartment Single Family Home Other: _____

44. Does this child share a bedroom with anyone? YES NO

If YES, please specify whom:

45. Please list the places where this child has resided since birth. Continue on the reverse, if necessary:

	LOCATION	BETWEEN AGES	LIVED WITH WHOM
NOW:			
2.			
3.			
4.			

46. Please describe any household chores or responsibilities asked of the child:

Rule or Expectation:	Reward or Incentive:	Punishment or Consequence:

REASON FOR REFERRAL



47. Please briefly state the reason this child has been referred for psychological services:

48. Please indicate below which of the following are concerns about this child by circling the letter. Do not mark items that are not of concern. Indicate severity of concern on the line as follows:

XXX MOST SEVERE and IMPORTANT **XX** LESS SEVERE **X** PROBLEMS, BUT NOT SEVERE

- _____ a. TOILETING: Bedwetting, Soiling, Smearing, Regressed to Diapers, Constipation
- _____ b. EATING: Refuses to Eat, Compulsion to Eat, Picky Eater, Vomiting/Purging, Obesity
- _____ c. SLEEPING: Difficulties Falling Asleep, Night Waking, Apnea, Sleep-Walking, Terrors
- _____ d. ATTENTION: Inattention, Distractible, Can't Concentrate
- _____ e. AGGRESSION: Fighting/Bullying, Setting Fires, Hurting Animals, Destroying Property
- _____ f. SELF-DESTRUCTIVE: Cuts, Hits, Kicks, Burns, Self, Bangs Head, Risk Taking
- _____ g. SOCIAL SKILLS: No Friends, Prefers Younger/Older Peers, Loses Friends Quickly
- _____ h. DEPRESSION: Withdrawal, Isolation, Low Energy, Hopeless, Sad, Helpless
- _____ i. ACTIVITY LEVEL: Over-Active, Hyper-Active, Out of Control, Inactive, Passive
- _____ j. CONFUSION: Disoriented, Forgetful, Memory Impairments, Odd Statements
- _____ k. MOVEMENT PROBLEMS: Twitches, Tics, Paralysis, Seizures, Weakness, Compulsions
- _____ l. SCHOOL/WORK PERFORMANCE: Falling Grades, Fired or Expelled, Refuses to Attend
- _____ m. SEXUAL: Preoccupation, Intrusive Ideas, Exposing Self, Touching Others, Role Confusion
- _____ n. ABUSE/TRAUMA: Victim of Sexual/Physical/Emotional/Verbal Abuse, Accident, Injury
- _____ o. SEPARATION/LOSS: Death, Divorce, Relocation
- _____ p. OPPOSITIONAL/DEFIANT: Disrespectful, Defies Authority, Disobedient
- _____ q. DELINQUENT: Theft, Assault, Police Involvement, CHINS
- _____ r. DRUGS AND ALCOHOL: Experimentation, Abuse, Addiction, Peer Pressure
- _____ s. MEDICAL PROBLEM: Chronic Illness, Terminal Illness, Medication Compliance

MEDICAL STATUS



49. Has this child ever . . .

- | | | |
|---|-----|----|
| a. ... required major surgery of any kind? | YES | NO |
| b. ... had seizures, black outs or "lost" time? | YES | NO |
| c. ... lost consciousness? | YES | NO |
| d. ... had heart or lung diseases? | YES | NO |
| e. ... had an infectious disease? | YES | NO |
| f. ... had a head injury? | YES | NO |
| g. ... required hospitalization? | YES | NO |

Please elaborate on any "YES" responses here. _____

50. Are this child's immunizations up to date? YES NO

51. Does this child complain of chronic physical discomfort? YES NO

If YES, please elaborate here. _____

52. Please list the child's current medications:

MEDICATION	STRENGTH	DOSAGE & FREQUENCY	DAY PRESCRIBED	BY WHOM?

53. The date of the child's last complete physical was: _____.

54. Please indicate here any known family history of physical (example: epilepsy, diabetes) or psychiatric illnesses/disease/disorder. (Example: Manic-depressive Illness)

THANK YOU FOR YOUR PARTICIPATION!

This questionnaire was completed by (print name): _____ Date: _____

Relationship to Client: _____