

DEVELOPMENTAL HISTORY QUESTIONNAIRE

Name: _____ Today's Date: _____

Birth date: _____ AGE: _____

Current School/Job: _____ Grade: _____

Person completing this: _____ Relationship _____

NATURE OF PROBLEM

Describe the problem or desired outcome for therapy or assessment:

PRENATAL HISTORY

How was your (or child's mother's) health during pregnancy?

Good ____ (1) Fair ____ (3) Poor ____ (5) DK ____

Did you (or his/her mother) have any illness or complications during pregnancy with this child? What type?

How old were you (or child's mother) when (s)he was born? _____

Do you recall any of the following substances or medications being used during pregnancy?

Beer or wine _____ How many times? _____

Coffee or other caffeine (Cokes, etc.) _____ How many times? _____

Hard liquor? _____ How many times? _____

Cigarettes? _____ How many times? _____

Did mother ingest any of the following substances?

____ Valium (Librium, Xanax)

____ Tranquilizers

____ Anti-seizure medications (e.g., Dilantin)

____ Antibiotics (for viral infections)

____ Sleeping pills ____ Other (please specify) _____

Was there toxemia or eclampsia? No ___ (0) Yes ___(1) DK ___

Was there an Rh factor incompatibility? No ___ (0) Yes ___(1) DK ___

Was the pregnancy planned or unplanned? Wanted or unwanted?

Was there anything unusual about the delivery or birth?

Was (s)he born on schedule? If not how early or late?

Early _____ How many weeks total _____

Full Term 9 mos. _____

Late _____

What was the duration of labor?

Were you given any drugs to ease the pain during labor?

Name: _____

No ___

Yes ___

DK ___

Were there any signs of fetal distress during labor or birth?

No ___

Yes ___

DK ___

Was the delivery:

Normal? No ___ Yes ___

Breech? No ___ Yes ___

Caesarian? No ___ Yes ___

Forceps? No ___ Yes ___

Induced? No ___ Yes ___

What was the child's birth weight? _____

Were there any health complications following birth? Please describe:

No ___

Yes ___

POSTNATAL PERIOD AND INFANCY

Were there early infancy feeding problems?

No ___

Yes ___

Was the child colicky?

No ___

Yes ___

Were there early infancy sleep pattern difficulties? What type?

No _____
Yes _____

Were there problems with the infant's alertness? If so please describe.

No _____
Yes _____

Did the child experience any health problems during infancy? What type?

Did the child have any congenital problems? Please describe.

No _____
Yes _____

Was the child an easy baby? By that I mean did (s)he cry a lot? Did (s)he follow a schedule fairly well?

Very easy _____
Easy _____
Average _____
Difficult _____
Very Difficult _____

How did the baby behave with other people?

More sociable than average _____
Average sociability _____
Less sociable than average _____

When (s)he wanted something, how insistent was (s)he?

Very insistent _____
Pretty insistent _____
Average _____
Not very insistent _____
Not at all insistent _____

How would you rate the activity level of the child as an infant / toddler?

Very active _____
Active _____
Average _____
Less active _____
Not active _____

DEVELOPMENTAL MILESTONES

At what age did (s)he sit up? Was there anything unusual about their muscle tone or sitting up behavior?

At what age did (s)he crawl? Describe any unusual crawling behavior:

At what age did (s)he walk? Describe any unusual walking behavior (on toes, in-toed, out-toed, etc):

At what age did (s)he speak single words (other than mama or dada)? _____

At what age did (s)he string two or more words together? _____

At what age was (s)he toilet trained (bladder control)? _____

At what age was (s)he toilet trained (bowel control)? _____

Approximately how much time did toilet training take from onset to completion? _____

CURRENT HEALTH STATUS:

How would you describe his/her health?

Very Good _____

Good _____

Fair _____

Poor _____

Very Poor _____

How is his/her hearing?

Good _____

Fair _____

Poor _____

How is his/her vision?

Good _____

Fair _____

Poor _____

How is his/her gross motor coordination (large muscle development – walking, running, jumping)?

Good _____

Fair _____

Poor _____

How is his/her fine motor coordination (small muscle development – finger/hand)?

Good _____

Fair _____

Poor _____

How is his/her speech articulation (speech and language development)?

Good _____

Fair _____

Poor _____

Has (s)he had any chronic health problems (e.g., asthma, diabetes, heart condition)?

No _____

Yes _____

If yes, please specify: _____

When was the onset of any chronic illness?

Which of the following illnesses has the child had?

Mumps _____

Chicken Pox _____

Measles _____

Whooping Cough _____

Scarlet Fever _____

Pneumonia _____

Encephalitis _____

Otitis Media _____

Lead Poisoning _____

Seizures _____

Other diseases (specify)

Has (s)he had any accidents resulting in the following? Please give date and cause of injury.

Broken Bones _____

Severe Lacerations _____

Head Injury _____

Severe Bruises _____

Stomach Pumped _____

Eye Injured _____

Lost Teeth____
Sutures____
Other (specify)

How many accidents? Please give age or date of injury.

Please provide age or date of surgery for any of the following conditions?

Tonsillitis____
Adenoids____
Hernia____
Appendicitis____
Eye, ear, nose & throat____.
Digestive disorder____
Urinary Tract____
Leg or arm____
Burns____
Other____

How many times did surgeries take place? _____

Duration of Hospitalization? _____

Is there any suspicion of alcohol or drug use? _____

Is there any history of physical/sexual abuse?_____

Does (s)he have any problems sleeping?

None____
Difficulty falling asleep____
Sleep continuity disturbance____
Early morning awakening____

Is (s)he a restless sleeper? _____

Does (s)he have bladder control problems at night?

If yes, how often? _____ If yes, was (s)he ever continent? ____ During the day?_____

Does (s)he have bowel control problems at night?

If yes, how often? _____ If yes, was (s)he ever continent? ____ During the day? _____

Does (s)he have any appetite control problems?

Overeats____
Average____
Under eats____

Please indicate if prescribed any of the following:) 0 = No; 1 = Yes) (Duration Coded in months)

Ritalin_____	Duration of use_____	
Concerta _____	Duration of use_____	
Adderall _____	Duration of use_____	
Strattera _____	Duration of use_____	
Dexedrine_____	Duration of use_____	
Cylert_____	Duration of use_____	
Mood Stabilizer _____	Duration of use_____	Name: _____
Antidepressant _____	Duration of use_____	Name: _____
Antianxiety _____	Duration of use_____	Name: _____
Tranquilizers_____	Duration of use_____	
Anticonvulsants_____	Duration of use_____	
Other prescription drugs:		
Type_____	Duration of us _____	
Type_____	Duration of us _____	

Has (s)he ever had any of the following forms of psychological treatment? If so, please elaborate:

Individual psychotherapy_____	Duration of therapy_____
Group psychotherapy_____	Duration of therapy_____
Family therapy with child_____	Duration of therapy_____
Inpatient evaluation_____	Type of evaluation: _____
Residential treatment_____	Duration of placement_____

Is there any self-care, feeding, dressing or grooming concerns?

PREVIOUS ATTEMPTS TO IMPROVE BEHAVIOR/OUTCOME:

What strategies have been implemented to address these problems or goals. (Check which have been successful)

Verbal reprimands_____

Time out (isolation) _____

Removal or privileges _____

Rewards_____

Physical punishment_____

Acquiescence to child_____

Avoidance of child_____

Other_____

On the average, what percentage of the time does (s)he comply with initial commands?

1-20%_____

- 20-40% _____
- 40-60% _____
- 60-80% _____
- 80-100% _____

On the average, what percentage of the time does (s)he eventually comply with initial commands?

- 1-20% _____
- 20-40% _____
- 40-60% _____
- 60-80% _____
- 80-100% _____

To what extent are you and your spouse consistent with respect to disciplinary strategies.

- Most of the time _____
- Some of the time _____
- None of the time _____

Have any of the following stress events occurred within the past 12 months?

- Parents divorced or separated _____
- Family accident or illness _____
- Death in family _____
- Parent changed job _____
- Changed schools _____
- Family moved _____
- Family financial problems _____
- Other (please specify) _____

SCHOOL HISTORY

GRADE: _____ SCHOOL: _____ TEACHER'S NAME:

SCHOOL COUNSELOR: _____ SCHOOL NURSE:

NUMBER OF SCHOOLS ATTENDED? _____

Please summarize the general school progress (e.g., academic, social, testing) within each of these grade levels. Please describe strengths as well as problem areas or weaknesses in cognitive/academic skills and behavioral control.

Preschool

Kindergarten

Grades 1 through 3

Grades 4 through 6

Grades 7 through 12

Has the (s)he ever been in any type of special educational program, and, if so, how long?

Learning disabilities class _____ Duration _____

Behavioral/emotional disorders class _____ Duration _____

Speech and language therapy _____ Duration _____

Other (please specify) _____

Has the (s)he ever been? (Please describe reasons and give brief details):

Suspended from school _____

Number of Suspensions _____

Expelled from school _____

Number of expulsions _____

Retained in grade _____
Number of retentions _____

Have any other instructional modifications been attempted?

None _____
Behavior modification program _____
Daily/weekly report card _____
Other (please specify) _____

Does she/he have any communication or auditory processing problems? Please explain: _____

Does she/he have any visual processing or dyslexia type problems? Please explain: _____

Does she/he have difficulty with problem solving or comprehension?

SOCIAL HISTORY

How does (s)he get along with his/her brothers/sisters?

Doesn't have any _____
Better than average _____
Average _____
Worse than average _____

How does (s)he get along with peers?

Easier than average _____
Average _____
Worse than average _____
DK _____

On average, how long does (s)he keep friendships?

Less than 6 months _____
6 months - 1 year _____
More than 1 year _____
DK _____

SYMPTOMS & BEHAVIORS OBSERVED:

Which of the following are considered to be a significant problem at the present time?

(Please make an entry for every item with 0 = No; 1 = Yes)

Fidgets _____

Difficulty remaining seated _____

Easily distracted _____

Difficulty waiting turn _____

Often blurts out answers to questions before they are completed _____

Difficulty following instructions _____

Difficulty sustaining attention _____

Shifts from one activity to another _____

Difficulty playing quietly _____

Often talks excessively _____

Often interrupts or intrudes on others _____

Often does not listen _____

Often loses things _____

Work and materials are frequently disorganized compared to others the same age _____

Does not anticipate consequences of failure to complete tasks _____

Has difficulty initiating tasks _____

Has difficulty completing tasks _____

Has difficulty inhibiting inappropriate behaviors or actions _____

Frequently impulsive or acts before thinking _____

Often engages in physically dangerous activities _____

When did these problems begin? (specify age) _____

Which of the following are considered to be a significant problem at the present time?

(0 = No; 1 = Yes)

Often loses temper _____

Often argues with adults _____

Often actively defies or refuses adult requests or rules. _____

Often deliberately does things that annoy other people _____

Often blames others for own mistakes _____

Often touchy or is easily annoyed by others _____

Often angry or resentful _____

Often spiteful or vindictive _____

Often swears or uses obscene language _____

When did these problems begin? (specify age) _____

Which of the following are considered to be a significant problem at the present time?

(0 = No; 1 = Yes)

Stolen without confrontation _____

Run away from home overnight at least twice _____

Lies often _____

Deliberate fire setting____
 Often truant____
 Breaking and entering____
 Destroyed others' property____
 Cruel to animals____
 Forced someone else into sexual activity____
 Used a weapon in a fight____
 Often initiates physical fights____
 Stolen with confrontation____
 Physically cruel to people____

When did these problems begin? (specify age) _____

Which of the following are considered to be a significant problem at the present time?
(Please make an entry for each item with 0 = No; 1 = Yes)

Unrealistic and persistent worry about possible harm to attachment figures____
 Unrealistic and persistent worry that a calamitous event will separate her/him
 from attachment figures. ____
 Persistent school refusal____
 Persistent refusal to sleep alone____
 Repeated nightmares regarding separation from caregivers ____
 Somatic complaints or often not feeling well ____
 Excessive distress in anticipation of separation from attachment figure____
 Excessive distress when separated from home or attachment figures____
 Unrealistic worry about future events____
 Unrealistic worry about appropriateness of past behavior____
 Unrealistic concern about competence____
 Marked self-consciousness____
 Excessive need for reassurance____
 Marked inability to relax____

When did these problems begin? (Specify age) _____

Which of the following are considered to be a significant problem at the present time?
 (0 = No; 1 = Yes)

Depressed or irritable mood most of day, nearly every day____
 Diminished pleasure in activities____
 Decrease or increase in appetite assoc. with possible failure to make weight gain____
 Difficulty initiating sleep at bedtime taking more than 30 minutes typically ____
 Difficulty waking in the morning, i.e., feeling groggy or drowsy for more than five
 minutes after getting up ____
 Insomnia or inability to maintain adequate sleep during the night ____
 Hypersomnia or sleeping too much or more than typically expected ____
 Psychomotor agitation or retardation____
 Low energy, fatigue or loss of energy at times ____
 Feeling of worthlessness or excessive inappropriate guilt____

Makes statements of not feeling good about life or not wanting to be alive at times ____
 Suicidal ideation indicating thoughts about taking ones own life ____
 Suicidal attempt in the past (indicate date(s) or age(s) ____
 Threatens others ____
 Poor appetite or overeating ____
 Low self-esteem ____
 Poor concentration or difficulty making decisions ____
 Feelings of hopelessness ____
 Never without symptom for 2 mos. over a 1 yr period ____

When did these problems begin? (specify age) _____

Which of the following symptoms have been exhibited in the past or present?
(Please make an entry for each item with 0 = No; 1 = Yes)

Stereotyped mannerisms ____
 Odd posture ____
 Excessive reaction to noise or fails to react to loud noise ____
 Overreacts to touch ____
 Compulsive rituals ____ Obsessive verbal themes ____
 Motor tics ____ Vocals Tics ____ Tourette's Disorder _____

Loose thinking (e.g. tangential ideas, circumstantial speech) ____
 Odd fascinations ____
 Strange ideas ____
 Going from one idea to another without reason ____
 Many ideas at once ____
 Delusions ____
 Paranoia or fear or suspicion of being watched or hurt that is not realistic ____
 Hallucinations ____ Visual? _____ Auditory? _____

Inflated sense of self in speech ____
 Inflated sense of self in behavior and actions ____
 Refuses to accept adult authority ____
 Refuses or inability to take responsibility for behavior ____
 Frequent or unusually severe "melt downs" ____
 Difficulty remembering own behaviors ____
 Disoriented, confused, staring, or "spacey" ____
 Incoherent speech (mumbles, jargon, repetitive phrases or words) ____

Excessive lability w/o reference to environment ____
 Explosive temper with minimal provocation ____
 Excessive clinging, attachment, or dependence on adults ____
 Unusual fears ____
 Strange aversions ____

Which of the following symptoms have been exhibited in the past or present?
(Please make an entry for each item with 0 = No; 1 = Yes)

(cont.)

Panic attacks_____

Excessively restrictive or bland affect_____

Situationally inappropriate emotions_____

Little or no interest in peers_____

Significantly indiscreet remarks_____

Initiates or terminates interaction inappropriately._____

Qualitatively abnormal social behavior_____

High or specialized interest in certain objects or things or topics _____

Excessive reaction to changes in routine_____

Interprets what others say literally _____

Fails to understand subtle intentions of others or jokes _____

Abnormalities of speech_____

Self-harm in the past _____

Self-mutilation in the past _____

Self-mutilation currently occurring _____

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Please provide any information not addressed above that would help with assessment/treatment and/or help in understanding this child's/adolescent's needs.