

# Developmental questionnaire

Patient's name \_\_\_\_\_

DOB \_\_\_\_\_

Date \_\_\_\_\_

Prenatal period \_\_\_\_\_

1. Was pregnancy planned? Unplanned but accepted?
2. What was the mother's health during the pregnancy with the patient?
  - (a) Was she nervous and apprehensive, usually happy, moody, other reactions. Describe.
  - (b) Physical condition: Headaches, high blood pressure, and/or pus in the urine; threatened miscarriage; any special medical conditions.
  - (c) Nausea, vomiting; persistent abdominal or lower back pain; spotting; excessive fatigue. Duration?
  - (d) Illnesses of any kind: Flu, virus infection, measles, or others? Temperature? Toxemia? During what period of the pregnancy?
  - (e) Any accidents or falls?
  - (f) Medications?
  - (g) Alcohol or drug use?
  - (h) Smoking?
  - (i) Which pregnancy for mother?
  - (j) Mother's age?
3. What were the mother's activities during pregnancy?
4. Did the mother feel that the living situation or events in the home were comfortable during this period? Describe.
5. Approximately how long was the mother in labor? \_\_\_\_\_ hours. Was labor difficult or easy? \_\_\_\_\_  
Was labor induced? Were forceps used? C-Section? If so, reason. Other. (Describe)
6. Was father at the hospital during birth of the child? \_\_\_\_\_ In delivery room? \_\_\_\_\_?
7. What part of the baby was born first? Head \_\_\_\_\_ Buttocks \_\_\_\_\_
8. Weight of baby at birth \_\_\_\_\_ Full-term? \_\_\_\_\_ If not, how much earlier or later than expected date did the baby arrive? \_\_\_\_\_
9. Did the baby breath spontaneously and easily, or were oxygen and other medical assistance needed after delivery?  
Was there anything exceptional in the baby's conditions, such as injury, paralysis, blueness, excessive crying?
10. Did the mother have convulsions, hemorrhages, infections, unusual nervousness, tears, or anything else at or soon



**In cases of adoption**

How was decision to adopt made?

How long of a waiting period was there before child was available for adoption?

How much information was family given about biological parents?

What was the reaction of your extended family to the adoption?

**Infancy**

11. Was the baby breast-fed? \_\_\_\_ Bottle-fed? \_\_\_\_ Or receive both types of feeding? \_\_\_\_
  - (a) If combined feeding, at what age was transfer from breast to bottle made? \_\_\_\_\_
  - (e) If bottle-fed, were there difficulties in finding a suitable formula? Describe.
  - (c) If breast-fed, (partially or completely) did the mother experience any difficulty with: Scanty milk supply, painful nursing, cracked or inverted nipples, etc. Describe.
  - (d) What was the baby's response to nursing? Active \_\_\_\_\_ Eager \_\_\_\_\_ Had to be encouraged \_\_\_\_\_
  - (e) Did baby mold to mother or stiffen and arch away?
  - (f) What were the mother's feelings about the nursing experience? Describe.
12. Which type of feeding was used? Demand? \_\_\_\_\_ Time schedule? \_\_\_\_\_ Frequency \_\_\_\_\_  
Were there concerns about baby's weight gain?
13. When the baby vomited, was he apt to bring up his food in small amounts, or did it come up in large quantities and with force? Describe.
14. Were there times when the baby had frequent spells of colic, constipation, or diarrhea? At what ages? How was it handled?
15. What attitude or mood did the baby seem to express most of the time? (i.e. Happy, smiling, and laughing, "cuddly," whiney, seemed in pain, sad, "old," hard to engage?) Describe.
16. Did baby smile in first two months?
17. Generally babies vary in regard to the amount of activity they show. Which of the following do you think would most nearly describe your baby during the first months of his life:
  - (a) Showed a great deal of activity, such as squirming, wiggling, kicking, and otherwise moving about so that it caused concern or difficulty, or
  - (b) Showed very little physical activity, not even showing any increase in movement, interest or response when hungry or when played with, or
  - (c) Showed vigorous activity when awake and when played with but was equally often observed playing quietly and generally relaxed?

(a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_ (other) Describe.



18. Who assisted the mother in the care and responsibility of the baby during infancy? How much assistance? When?
19. During the baby's first year of life was there anything (even if it had nothing to do with the baby) that caused unhappiness or anxiety, or placed the mother or father under special strain? Describe.
20. When did the baby cut his first tooth? \_\_\_\_\_ months. Did cutting teeth cause any special difficulty, such as excessive crying, loss of weight, fretfulness, etc.?
21. Each child has his own individual sleeping pattern. Describe some of your child's sleeping habits, such as: Thumb-sucking, rocking, requiring a special toy, blanket, or other object.
22. Did the baby sleep alone in a room? \_\_\_\_\_ If not, with whom did he share it? \_\_\_\_\_ For how long a period? \_\_\_\_\_ At what age? \_\_\_\_\_ Did the baby sleep alone in a bed? \_\_\_\_\_ If not, with whom did he share it? \_\_\_\_\_ For how long a period? \_\_\_\_\_ At what age? \_\_\_\_\_
23. When did baby begin to sleep through the night?
24. Were there any periods when the child habitually awoke crying and any periods in which he had to be held or rocked in order to fall asleep? \_\_\_\_\_ At what age? \_\_\_\_\_ What else would soothe or quiet the child?
25. What is the child's present sleeping arrangement?

### Significant developmental milestones

26. How old was the baby when he was able to sit up alone? \_\_\_\_\_ Stand? \_\_\_\_\_ Crawl? \_\_\_\_\_  
First steps? \_\_\_\_\_ Walk unaided? \_\_\_\_\_ Where there any difficulties in achieving any of these? Describe.
27. At what age did the baby first speak a few isolated words, such as da-da, ma-ma, bye-bye? \_\_\_\_\_ Speak in simple phrases? \_\_\_\_\_
28. Did he have any speech difficulty? \_\_\_\_\_ In pronouncing words? \_\_\_\_\_ Age \_\_\_\_\_ Lispering? \_\_\_\_\_ Age \_\_\_\_\_  
Stuttering? \_\_\_\_\_ Age \_\_\_\_\_ Other (Describe and give ages)



29. What circumstances in the child's life do you connect with any of the above speech difficulties?
30. How old was the child when toilet training was started? \_\_\_\_\_
31. (a) What methods were used to establish bowel control? (State whether child was placed on a receptacle or "toidy" seat; how frequently; how long he was left there; what was done if the child was unsuccessful; whether enemas or suppositories were used; whether he cried or struggled.)
- (b) Were training methods made difficult for any physical reasons, such as constipation, diarrhea, etc.?
- (c) At what age was bowel control established? \_\_\_\_\_ Were there any relapses and under what circumstances did these occur? At what ages?
- (d) Does the child soil at this time?
32. What training methods were used to teach the child bladder control?
- (a) At what age did the child stop wetting at night? \_\_\_\_\_
- (b) At what age did the child stop wetting in the daytime? \_\_\_\_\_
- (c) Were there any relapses? \_\_\_\_\_ At what age? \_\_\_\_\_
- (d) Does the child still have toileting problems? Describe.
33. What were the child's reactions and attitudes toward toilet training?
34. What were the child's and the parents' reactions to thumb-sucking, masturbating, nail-biting?
35. Was a pacifier used? At what age?



## Discipline

36. Did the child have angry outbursts, temper tantrums, or other kinds of behavior which caused you concern? Describe.

Under what circumstances did they seem to occur most frequently?

Did he scream? \_\_\_\_\_ Stomp? \_\_\_\_\_ Throw things? \_\_\_\_\_ Throw himself on the floor? \_\_\_\_\_  
Hurt others? \_\_\_\_\_ Hurt himself? \_\_\_\_\_ Hold his breath? \_\_\_\_\_ Bang his head on things? \_\_\_\_\_  
Withdraw? \_\_\_\_\_ Describe the physical appearance of the child during these periods.

Did he seem to know what he was doing? \_\_\_\_\_ How early did they occur at first? \_\_\_\_\_

At what age did the child have them most frequently? \_\_\_\_\_ How often did they occur? \_\_\_\_\_

At what age did they stop? \_\_\_\_\_

How were these episodes handled by each of child's caretakers? By others?

37. What methods did you use in disciplining?

(a) How did the child respond to discipline?

(b) What were the major areas in which child required special discipline?

(c) Who ordinarily disciplined the child?

38. What were the major differences between parents in their methods of parenting and discipline?

39. What were the major differences between parents and relatives in methods of parenting and discipline?



40. During the early years of the child's life, was either parent frequently away or out of the home? (Business trips, hospital, military service) Describe.

Who had the care of the child during your absences? \_\_\_\_\_

### Additional information

41. Did the child express fear of: Darkness, dogs, trains, or have frightening dreams? \_\_\_\_\_  
Did these or other fears cause any special problems? Describe.
42. What did the child share about daydreams, fantasies, or imaginary companions?
43. Did the child ever lose any person with whom he seemed to have a close relationship, such as: Father, mother, sister, brother, grandparent, teacher, playmate or others? When did this occur?
44. Did the child seem reluctant or did he object to being left in the care of others? Describe.
45. Did the child have any preschool or school experiences such as nursery or kindergarten in which separation from home was difficult for him?
46. Were there favorite repetitive play themes or games?
47. Did the child prefer playing with children of his own age? \_\_\_\_ Older? \_\_\_\_ Younger? \_\_\_\_ One or two friends? \_\_\_\_  
Many of them? \_\_\_\_ Were his friends among his own social group, or children the parents did not expect him to choose?
48. Did the child seem to have a closer attachment to one parent than the other? \_\_\_\_ Which one? \_\_\_\_  
How demonstrated?  
Were there any changes in his attachments and if so, when did they occur?
49. Did the child require parents or others to do things for him which he was capable of doing for himself? Describe.
50. Did the child have strong likes and dislikes for food?
51. Did the child have any frightening experiences? Describe the experience and his reaction.



52. How was the child prepared for the birth of brothers and sisters?

By whom? \_\_\_\_\_ What was the response?

53. Did the child show marked preferences or dislikes for any of brothers and sisters? \_\_\_\_\_ How was this expressed?

How are these feelings expressed currently?

54. Has the child shown curiosity in regard to the origin of babies? \_\_\_\_\_ At what age? \_\_\_\_\_ How does the child understand this?

55. Has the child shown curiosity in regard to the bodily differences between boys and girls? \_\_\_\_\_ At what age? \_\_\_\_\_ How does the child understand this?

56. What are the family attitudes toward privacy, such as closed bathroom and bedroom doors?

57. Was the child prepared for menstruation? \_\_\_\_\_ At what age? \_\_\_\_\_ At the onset of menses was she shocked? \_\_\_\_\_ Tearful? \_\_\_\_\_ Casual? \_\_\_\_\_ Pleased? \_\_\_\_\_

58. Was the child prepared for nocturnal emission? \_\_\_\_\_ At what age? \_\_\_\_\_ At the onset was he shocked? \_\_\_\_\_ Tearful? \_\_\_\_\_ Casual? \_\_\_\_\_ Pleased? \_\_\_\_\_

59. Were there any attempts made to change left-handedness to right-handedness? \_\_\_\_\_ What attempts were these?

Were they made at home? \_\_\_\_\_ At school? \_\_\_\_\_

60. Has the child had any motor coordination difficulties such as confusion in regard to left-handedness or right-handedness, or frequent falling, awkwardness in throwing a ball, or riding a bicycle, etc.?

61. List inoculations the child had, age at time of first inoculation and at time of last one. Were any or all of these disturbing to him?



**Medical information**

62. List illnesses the child has had. State age at which each occurred, how long each illness lasted, what treatment was given, and if there were any unusual reactions or after effects:
63. List any chronic illnesses, when discovered, treatment tried, current treatment.
64. Did the child have any operations such as: Circumcision, tonsillectomy, adenoidectomy, etc.? State:  
(a) Age at which operation occurred; (b) Was recovery uneventful, or were there complications such as vomiting, high fever, etc.? (c) Type of anesthetic used; (d) Was child hospitalized and for how long? (e) What was child told about operation beforehand? (f) What reaction did child show afterwards, that is, fearfulness, temper tantrums, increased shyness? (g) Child's attitude toward doctor before and after operation.



# Child and Adolescent Outpatient-Parent Report of History

Patient Name: \_\_\_\_\_ Date : \_\_\_\_\_

Patient DOB: \_\_\_\_\_ Parent Completing  
Form \_\_\_\_\_

## Family Background

With whom does your child live with now?

Who has legal custody?

Please list the other children in the family:

Name	Age	Sex	Relationship (brother, stepbrother, half, etc.)

Do you or your child have any cultural, religious or personal preferences that would be important in understanding and helping your child?

☐ No ☐ Yes

Check those that apply:

☐ Appearance ☐ Custom ☐ Diet ☐ Dress ☐ Religious ☐ Ritual

Did you grow up speaking English? ☐ No ☐ Yes

If not, what language did you speak?

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Parents Background (please answer for the parents/stepparents the child currently lives with)

Employment-

Father:

Mother:



# Continuation sheet— C&A Outpatient - Parent Report of History

Patient name \_\_\_\_\_

Patient # \_\_\_\_\_

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Education (highest grade level completed):  
Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Ages: Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Stepmother: \_\_\_\_\_ Stepfather: \_\_\_\_\_

## Child's School and Vocational History

What is your child's current grade in school?

What is the name and location of your child's current school?

What is name and location of your child's previous school? (if applicable)

Has your child ever repeated a grade? (If yes, which grade?)

Please tell us about any educational problems and/or learning disabilities that your child has had:

- ☐ none
- ☐ learning disability
- ☐ developmental disabilities/ mental retardation
- ☐ behavioral problems that affect school
- ☐ speech or communication problems
- ☐ Other: \_\_\_\_\_

If your child is working, please tell us about his/her current job and any past employment history (for example, has s/he ever been fired? Has s/he done really well at one job?).

## Family's Social and Financial Circumstances

Please tell us about any problems you have had in the following areas in the past three months:

Housing (such as housing condition; neighborhood safety):

Financial Status (such as recent loss of income, debt problems):



# Continuation sheet— C&A Outpatient - Parent Report of History

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Access to health care services, including medical (problems due to distance, financial limitations):

## Psychiatric History

What are the main reasons you are seeking help for your child at this time?:

Have there been any previous mental health problems? ☐ Yes ☐ No  
If yes, please describe

When did your child's behavioral or emotional problems begin?

Current Medications (including any prescription medications and over the counter (OTC) meds, in the last week)

Name	Dosage	Frequency



# Continuation sheet— C&A Outpatient - Parent Report of History

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Please list the psychiatric medications that have been tried before with your child:

## Current Mental Health Treatment

Is your child currently receiving mental treatment from anyone other than the person s/he is seeing today? (e.g. psychiatrist, individual play therapy, family therapy):

☐ Yes ☐ No

Please list the name(s) of the clinician and the type(s) of treatment:

## Previous Mental Health Treatments:

(Please check the appropriate boxes)

Previous treatments received:	Never	1 Time	2-3 Times	4 or more	Was it helpful? Yes / No	Name of clinician or mental health treator
Outpatient: including individual, family or group therapy						
Inpatient (hospital)						
Residential						
Partial Hospital / Day Treatment						
Intensive In-Home						
Other						

Please tell us what has been *most helpful* and *least helpful* about past treatments:



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## Drug and/or Alcohol Abuse Treatments

Has your child received mental health treatment for substance abuse or alcohol abuse?

☐ yes ☐ no

Please describe:

How did your child respond to treatment? What was *most* and *least* helpful?

## Medical History

Please tell us about your child's medical history:

Prior Major Physical Illness: ☐ No ☐ Yes

Describe:

Head Injuries: ☐ No ☐ Yes

Describe:

Seizures: ☐ No ☐ Yes

Describe:

Headaches: ☐ No ☐ Yes

Describe:

Operations/Surgeries: ☐ No ☐ Yes

Describe:

Prior Major Injuries: ☐ No ☐ Yes

Describe:

Major Medical Treatments: ☐ No ☐ Yes

Describe:

Allergies: ☐ No ☐ Yes

Describe:



# Continuation sheet— C&A Outpatient - Parent Report of History

Patient name \_\_\_\_\_

Patient # \_\_\_\_\_

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## Psychosocial History

Please list your child's hobbies and interests (e.g., sports, clubs, things s/he likes to do), and note if the child has lost interest or stopped the activity recently:

Has your child ever been abused or victimized (e.g., physically abused, molested, severely harassed by other kids)

☐ No ☐ Yes

If yes, describe briefly: \_\_\_\_\_

Has your child ever been in trouble with the law, or gotten into illegal behavior, even if s/he didn't get caught?

☐ No ☐ Yes

Describe: \_\_\_\_\_

Has your child ever been prosecuted or convicted?

☐ No ☐ Yes

Describe: \_\_\_\_\_

Has your child experienced divorce or separation?

☐ none

☐ parents divorced Age of child \_\_\_\_\_

☐ parents divorced more than once Ages of child \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

☐ parents separated but not divorced Age of child \_\_\_\_\_

Has your child experienced the death of a family member?

☐ no

☐ yes

If yes, who was the family member and what was the cause of death? \_\_\_\_\_

Age of child when the death occurred: \_\_\_\_\_

Have there been any major changes in your child's life recently, such as moving, changing schools, serious injury or illness, or anything else you feel has affected him or her?

☐ No ☐ Yes

Describe: \_\_\_\_\_



## Continuation sheet— C&A Outpatient - Parent Report of History

Patient name \_\_\_\_\_

Patient # \_\_\_\_\_

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### Developmental History:

Did the child's mother use alcohol or drugs during pregnancy?

☐ none    ☐ very little    ☐ some drugs or alcohol    ☐ heavy drug or alcohol use

If so, please describe:

Did the child's mother smoke during pregnancy? ☐ Yes    ☐ No

Did the child's mother have regular prenatal care during pregnancy? ☐ Yes    ☐ No

When did prenatal care start?

Were there any serious problems during pregnancy, requiring hospitalization or extended bedrest?

☐ Yes    ☐ No

If yes, describe:

Were there any serious complications of delivery, threatening the life or health of mother or infant? ☐ Yes ☐ No

If yes, describe:

Was the baby born more than 4 weeks early? ☐ Yes    ☐ No

If yes, how early was it: \_\_\_\_\_ weeks early

Was the baby treated in a neonatal intensive care unit? ☐ Yes    ☐ No

If yes, how many days?

Did the mother have severe depression or psychiatric illness soon after the baby was born? ☐ Yes    ☐ No

If yes, describe:

Were there any other issues or problems with pregnancy, for example, problems conceiving, and previous miscarriages? ☐ Yes    ☐ No

If yes, describe:

Was the child very slow to walk or sit up (e.g., not walking by 2 years old, not sitting by one year)? ☐ Yes    ☐ No

If yes, describe:



## Continuation sheet— C&A Outpatient - Parent Report of History

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Was the child very slow to talk (e.g., not saying single words by two years, not using sentences by four)

☐ Yes ☐ No

If yes, describe:

Did the child have a lot of trouble being away from mother or family? ☐ Yes ☐ No

If yes, describe:

Did you have any other concerns about the child's development? ☐ Yes ☐ No

If yes, describe:

### Family History of Psychiatric and Medical Illness:

Has anyone in the child's family been diagnosed with a mental health problem? (e.g. depression, schizophrenia, ADHD, etc.) ☐ No ☐ Yes

Describe:

Has anyone in the family had problems with drugs or alcohol? ☐ No ☐ Yes

Describe:

Has anyone in the family had major physical illnesses? ☐ No ☐ Yes

Describe: