



Psychological Associates, Inc.

CHILD
DEVELOPMENTAL QUESTIONNAIRE
(CONFIDENTIAL)

This is a detailed questionnaire. Its purpose is to help us understand your child.

Many questions may be difficult to answer because they deal with events in a period that has been almost forgotten. However, it will help us greatly in our diagnostic study if you will endeavor to answer all questions as fully as possible.

If you feel additional space is required for answers to any of the questions, please use the back of the applicable page.

It will be reviewed with you so that you may expand further on any material if you wish.

If possible, we suggest both mother and father fill out the questionnaire together.

I. IDENTIFYING INFORMATION:

Name of Child: _____ Birthdate: _____

Address: _____ Religion: _____

School: _____ Grade: _____ Phone No : _____

Teacher/Counselor: _____

Father's Name: _____ Birthdate: _____

Father's Address: _____ Phone No: _____

Occupation: _____ Business Phone No: _____

Educational Level Attained: _____ Religion: _____

Mother's Name: _____ Birthdate: _____
(Include Maiden Name)

Address: _____ Phone No: _____

Occupation: _____ Business Phone No: _____

Educational Level Attained: _____ Religion: _____

Date of Parents' Marriage: _____ Dates of Previous Marriages or

Subsequent Marriages of Either Parent: _____

Dates of Separation and/or Divorce or Death of Parent or Parents: _____

Is child foster or adopted?: _____ date of Legal Adoption: _____

Does the child know he/she is adopted?: _____

Please list the following information for other children in family:

<u>Name</u>	<u>Birthdate</u>	<u>Grade Level/Occupation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dates of miscarriages or stillbirths of mother: _____

Others living in the home:

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP TO CHILD</u>
_____	_____	_____
_____	_____	_____

II. REFERRAL INFORMATION:

1. Who Referred you to Psychological Associates, Inc.?

Name: _____ Address: _____

2. What were the reasons for the referral? (Presenting problem) :

3: What is the chief concern you have about the child?

4. When did these problems begin / how long have they been present?

5. Please list any previous efforts to help your child through schools, hospitals, doctors or other social agencies. Include date of contacts:

6. How do you feel we would be most helpful to you and the child at the present time?

7. If you could change only one of your child's behaviors, what would it be?

II. CHILD'S RELATIONSHIPS:

1. How do you and your child get along? _____

2. How does the child get along with other children in school and in the neighborhood?

3. How does the child get along with brothers and sisters?

4. Social behavior you consider unusual: _____

5. List any groups (Scouts, etc.) to which your child belongs: _____

6. What are your child's special interests and hobbies? _____

IV. DEVELOPMENTAL HISTORY:

1. What was the mother's health during pregnancy with the child, such as emotional stress in the family, illness of the mother, accidents or falls? Any medications used by mother?

- Was this pregnancy planned? _____ Wanted? _____
2. Was child full-term? _____ Birth Wt.: _____
Labor: Easy _____ Difficult _____ Duration of Labor: _____
Other special considerations: (Caesarian, Breach, Natural) _____

3. Were there any problems such as difficulties in breathing, feeding, sleeping, etc. at birth or within first 6 months? _____

4. Give brief history of child's development up to present, i.e., ages of walking, talking, toilet training. Comment on anything that concerned you during the first 5 years.

5. Do you consider child's development: Slow _____ Normal _____ Accelerated _____

6. Please list illness, operations, hospitalizations, accidents, (Dates and facilities used).

7. Name, address and phone of family doctor or pediatrician:

8. Does child take any medications regularly? Describe:

9. Describe any significant health problems in the family:

10. What are the major sources of stress in the family?

11. Any history of problems regarding the following? Please describe:

EATING: _____ SLEEPING: _____

FEARS: _____ SPEECH: _____

PHYSICAL DISABILITY: _____

12. Has child ever been separated from either parent? _____

Give dates and reason: _____

13. Did the child ever lose any person with whom he had a close relationship (Father, Mother, Sibling, Grandparent, or Other): _____

14. Age child reached puberty: _____ What was his/her attitude toward these changes?

15. If female, what was her reaction to menstruation?

16. Describe home behavior of child and discipline methods used:

17. What responsibilities in family work and chores is child asked to assume?

V. SCHOOL HISTORY:

1. Give names of schools and dates attended up to present (including pre-school and kindergarten)

NAME

DATE

2. What has child's past attitude been toward school? _____

3. What is child's present attitude toward school? _____

4. What has been child's general academic progress? _____

5. If he/she has been tested, please list reason, dates and examiner: _____

VI. PARENTAL HISTORY: Write a brief paragraph giving a history of self:

FATHER: _____

MOTHER: _____

Do any of the following factors apply to your family?

Marital Problems _____ Substance Abuse _____ Employment Problems _____

Divorce _____ Parent or stepparent/ child conflict _____

Suspected physical/sexual abuse _____

ADD'L COMMENTS:

You may use back of page also

Person completing this form: _____

Date: _____