

**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:** \_\_\_\_\_