

# CHILD HISTORY FORM

## I. Developmental Factors

### A. Prenatal History

1. How was your health during pregnancy?

Good          Fair          Poor          Don't know

2. How old were you when your child was born?

Under 20      20-24      25-29      30-34      35-39      40-44      Over 44      Don't know

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

3. Beer or wine

Never          Once or twice      3-9 times      10-19 times      20-39 times      40+ times

4. Hard liquor

Never          Once or twice      3-9 times      10-19 times      20-39 times      40+ times

5. Coffee or other caffeine (Cokes, etc.) Taken together, how many times?

Never          Once or twice      3-9 times      10-19 times      20-39 times      40+ times

6. Cigarettes

Never          Once or twice      3-9 times      10-19 times      20-39 times      40+ times

7. Street drugs

Never          Once or twice      3-9 times      10-19 times      20-39 times      40+ times

8. Did you ingest any of the following substances?

- Tranquilizers
- Antiseizure medications (e.g. Dilantin)
- Treatment for diabetes
- Antibiotics (or antiviral medications)
- Sleeping pills
- Other (please specify)

### B. Perinatal History

8. Did you have toxemia or eclampsia?

No          Yes          Don't know

9. Was there Rh factor incompatibility?

No          Yes          Don't know

10. Was (s)he born on schedule?

8 mos. or less      8-10 mos.      10 mos.      Don't know

11. What was the duration of labor?

Under 6 hr.      7-12 hr.      12-18 hr.      19-24 hr.      Over 24 hr.      Don't know

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

Name: \_\_\_\_\_

No          Yes          Don't know

13. Were there indications of fetal distress during labor or during birth?

No          Yes          Don't know

14. Was delivery:

- Normal?          No          Yes
- Breech?          No          Yes
- Caesarian?      No          Yes
- Forceps?          No          Yes
- Induced?          No          Yes

15. What was the child's birth weight?

2 to 4 lb.      4 to 6 lb.      6 to 8 lb.      8 to 10 lb.      10 to 12 lb.      Don't know

16. Were there any health complications following birth?

If yes, specify: \_\_\_\_\_

No Yes

C. Postnatal Period and Infancy

17. Were there early infancy feeding problems?

No Yes

18. Was the child colicky?

No Yes

19. Were there early infancy sleep pattern difficulties?

No Yes

20. Were there problems with the infant's responsiveness (alertness)?

No Yes

21. Did the child experience any health problems during infancy?

Name: \_\_\_\_\_

No Yes

22. Did the child have any congenital problems?

No Yes

23. 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 diff.

24. How did the baby behave with other people?

More sociable than average Average sociability More unsociable than average

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

Very Pretty Average Not very Not at all

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

Very Active Average Less active Not active

D. Developmental Milestones

27. At what age did (s)he sit up?

3-6 mos. 7-12 mos. Over 12 mos. Don't know

28. At what age did (s)he crawl?

3-6 mos. 7-12 mos. Over 12 mos. Don't know

29. At what age did (s)he walk?

Under 1 yr. 1-2 yr. 2-3 yr. Don't know

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

9-13 mo 14-18 mo 19-24 mo 25-36 mo 37-48 mo. Don't know

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

9-13 mo 14-18 mo 19-24 mo 25-36 mo 37-48 mo. Don't know

32. At what age was (s)he toilet-trained? (bladder control)

Under 1 yr. 1-2 yr. 2-3 yr. 3-4 yr. Don't know

33. At what age was (s)he toilet-trained? (bowel control)

Under 1 yr. 1-2 yr. 2-3 yr. 3-4 yr. Don't know

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

Under 1 mo. 1-2 mo 2-3 mo Over 3 mo

II. Medical History

35. How would you describe his/her health?

Very good Good Fair Poor Very poor

36. How is his/her hearing?

Good Fair Poor

37. How is his/her vision?

Good Fair Poor

38. How is his/her gross motor coordination?

Good Fair Poor

39. How is his/her fine motor coordinations?

Good Fair Poor

40. How is his/her speech articulation?

Good Fair Poor

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

If yes, specify: \_\_\_\_\_

No Yes

42. When was the onset of any chronic illness?

Birth 0-1 yr. 1-2 yr. 2-3 yr. 3-4 yr. Over 4 yr.

43. Which of the following illnesses has the child had?

Mumps	No	Yes
Chicken pox	No	Yes
Measles	No	Yes
Whooping cough	No	Yes
Scarlet fever	No	Yes
Pneumonia	No	Yes
Encephalitis	No	Yes
Otitis media	No	Yes
Lead poisoning	No	Yes
Seizures	No	Yes

Other diseases (specify): \_\_\_\_\_

44. Has the child had any accidents resulting in the following?

Broken bones	No	Yes
Severe lacerations	No	Yes
Head injury	No	Yes
Severe bruises	No	Yes
Stomach pumped	No	Yes
Eye injury	No	Yes
Lost teeth	No	Yes
Sutures	No	Yes

Other (specify): \_\_\_\_\_

45. How many accidents?

One 2-3 4-7 8-12 Over 12

46. Has (s)he ever had surgery for any of the following conditions?

Tonsillitis	No	Yes
Adenoids	No	Yes
Hernia	No	Yes
Appendicitis	No	Yes
Eye, ear, nose, & throat	No	Yes
Digestive disorder	No	Yes
Urinary tract	No	Yes
Leg or arm	No	Yes
Burns	No	Yes

Other (specify): \_\_\_\_\_

47. How many times?

One Two 3-5 6-8 Over 8

48. Duration of hospitalization?  
 One day      Day & night      2-3 days      4-6 days      1-4 weeks      1-2 months      Over 2 mos.
49. Is there any suspicion of alcohol or drug use?  
 No      Yes      Don't know
50. Is there any history of physical/sexual abuse?  
 No      Yes      Don't know
51. Does the child have any problems sleeping?  
 None      Difficulty falling asleep      Sleep continuity disturbance      Early morning awakening
52. Is the child a restless sleeper?  
 No      Yes      Don't know
53. Does the child have bladder control problems at night?  
 If yes, how often? \_\_\_\_\_ No      Yes  
 If yes, was (s)he ever continent? \_\_\_\_\_
- Does the child have bladder control problems during the day?  
 If yes, how often? \_\_\_\_\_ No      Yes  
 If yes, was (s)he ever continent? \_\_\_\_\_
54. Does the child have bowel control problems at night?  
 If yes, how often? \_\_\_\_\_ No      Yes  
 If yes, was (s)he ever continent? \_\_\_\_\_
- Does the child have bowel control problems during the day?  
 If yes, how often? \_\_\_\_\_ No      Yes  
 If yes, was (s)he ever continent? \_\_\_\_\_
55. Does the child have any appetite control problems?  
 Overeats      Average      Undereats

### III. Treatment History

56. Has the child ever been prescribed any of the following? (Note duration in months.)
- |                         |                          |    |     |       |
|-------------------------|--------------------------|----|-----|-------|
| If yes, duration: _____ | Ritalin                  | No | Yes | _____ |
| If yes, duration: _____ | Dexedrine                | No | Yes | _____ |
| If yes, duration: _____ | Adderall                 | No | Yes | _____ |
| If yes, duration: _____ | Anticonvulsants          | No | Yes | _____ |
| If yes, duration: _____ | Wellbutrin               | No | Yes | _____ |
| If yes, duration: _____ | Strattera                | No | Yes | _____ |
| If yes, duration: _____ | Other prescription drugs | No | Yes | _____ |
57. Has the child ever had any of the following forms of psychological treatment?
- |                         |                           |    |     |       |
|-------------------------|---------------------------|----|-----|-------|
| If yes, how long: _____ | Individual psychotherapy  | No | Yes | _____ |
| If yes, how long: _____ | Group psychotherapy       | No | Yes | _____ |
| If yes, how long: _____ | Family therapy with child | No | Yes | _____ |
| If yes, how long: _____ | Inpatient evaluation/Rx   | No | Yes | _____ |
| If yes, how long: _____ | Residential treatment     | No | Yes | _____ |

### IV. School History

Please summarize the child's progress (e.g. academic, social, testing) within each of these grade levels:

Preschool:

Kindergarten:

Grades 1 through 3:

Grades 4 through 6:

Grades 7 through 12:

58. Has the child ever been in any type of special educational program?

If yes, how long: _____	Learning disabilities class	No	Yes	_____
If yes, how long: _____	Behavioral/emotional disorders class	No	Yes	_____
If yes, how long: _____	Resource room	No	Yes	_____
If yes, how long: _____	Speech & language therapy	No	Yes	_____
Other (specify): _____				

59. Has the child ever been?

If yes, how many times: _____	Suspended from school	No	Yes	_____
If yes, how many times: _____	Expelled from school	No	Yes	_____
If yes, how many times: _____	Retained in grade	No	Yes	_____

60. Have any additional instructional modifications been attempted?

None	Behavior modification program	Daily/weekly report card	Other, specify	_____
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### V. Social History

61. How does the child get along with his/her brothers/sisters?

Doesn't have any	Better than average	Average	Worse than average	_____
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62. How easily does the child make friends?

Easier than average	Average	Worse than average	Don't know	_____
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63. On the average, how long does your child keep friendships?

Less than 6 months	6 months to 1 year	More than 1 year	Don't know	_____
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### VI. Current Behavioral Concerns

Primary concerns

Other (related) concerns

64. What strategies have been implemented to address these problems? (Check which have been successful)

Verbal reprimands	_____
Time out (isolation)	_____
Removal of privileges	_____

Rewards  
 Physical punishment  
 Acquiescence to child  
 Avoidance of child

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

65. On the average, what percentage of the time does your child comply with initial commands?

0-20%  
 20-40%  
 40-60%  
 60-80%  
 80-100%

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

66. On the average, what percentage of the time does your child eventually comply with commands?

0-20%  
 20-40%  
 40-60%  
 60-80%  
 80-100%

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

67. 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

\_\_\_\_\_

68. 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, specify

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**VII. Diagnostic Criteria**

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

Fidgets	No	Yes	_____
Difficulty remaining seated	No	Yes	_____
Easily distracted	No	Yes	_____
Difficulty awaiting turn	No	Yes	_____
Often blurts out answers to questions before they have been completed	No	Yes	_____
Difficulty following instructions	No	Yes	_____
Difficulty sustaining attention	No	Yes	_____
Shifts from one activity to another	No	Yes	_____
Difficulty playing quietly	No	Yes	_____
Often talks excessively	No	Yes	_____
Often interrupts or intrudes on others	No	Yes	_____
Often does not listen	No	Yes	_____
Often loses things	No	Yes	_____
Often engages in physically dangerous activities	No	Yes	_____

Total for ADHD (8 or more)

\_\_\_\_\_  
 \_\_\_\_\_

70. When did these problems begin? (Specify age)

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

Often loses temper	No	Yes
Often argues with adults	No	Yes
Often actively defies or refuses adult requests or rules	No	Yes
Often deliberately does things that annoy other people	No	Yes
Often blames others for own mistakes	No	Yes
Is often touchy or easily annoyed by others	No	Yes
Is often angry or resentful	No	Yes
Is often spiteful or vindictive	No	Yes
Often swears or uses obscene language	No	Yes

Total for Oppositional Defiant Disorder (5 or more)

72. When did these problems begin? (Specify age)

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

Stolen without confrontation	No	Yes
Run away from home overnight at least twice	No	Yes
Lies often	No	Yes
Deliberate fire-setting	No	Yes
Often truant	No	Yes
Breaking and entering	No	Yes
Destroyed others' property	No	Yes
Cruel to animals	No	Yes
Forced someone else into sexual activity	No	Yes
Used a weapon in a fight	No	Yes
Often initiates physical fights	No	Yes
Stolen with confrontation	No	Yes
Physically cruel to people	No	Yes

Total for Conduct Disorder (3 or more)

74. When did these problems begin? (Specify age)

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

Unrealistic and persistent worry about possible harm to attachment figures	No	Yes
Unrealistic and persistent worry that a calamitous event will separate the child from attachment figure	No	Yes
Persistent school refusal	No	Yes
Persistent refusal to sleep alone	No	Yes
Persistent avoidance of being alone	No	Yes
Repeated nightmares re: separation	No	Yes
Somatic complaints	No	Yes
Excessive distress in anticipation of separation from attachment figure	No	Yes
Excessive distress when separated from home or attachment figures	No	Yes

Total for Separation Anxiety Disorder (3 or more)

76. When did these problems begin? (Specify age)

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

Unrealistic worry about future events	No	Yes
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Unrealistic concern about appropriateness of past behavior	No	Yes	
Unrealistic concern about competence	No	Yes	_____
Somatic complaints	No	Yes	_____
Marked self-consciousness	No	Yes	_____
Excessive need for reassurance	No	Yes	_____
Marked inability to relax	No	Yes	_____

Total for Overanxious Disorder (4 or more)

78. When did these problems begin? (Specify age)

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

Depressed or irritable mood most of day, nearly every day	No	Yes	_____
Diminished pleasure in activities	No	Yes	_____
Decrease or increase in appetite associated with possible failure to make weight gain	No	Yes	_____
Insomnia or hypersomnia nearly every day	No	Yes	_____
Psychomotor agitation or retardation	No	Yes	_____
Fatigue or loss of energy	No	Yes	_____
Feelings of worthlessness or excessive inappropriate guilt	No	Yes	_____
Diminished ability to concentrate	No	Yes	_____
Suicidal ideation or attempt	No	Yes	_____

Total for Major Depressive Episode (items 3-9) (5 or more)

80. When did these problems begin? (Specify age)

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

Depressed or irritable mood for most of the day x 1 yr.	No	Yes	_____
Poor appetite or overeating	No	Yes	_____
Insomnia or hypersomnia	No	Yes	_____
Low energy or fatigue	No	Yes	_____
Low self-esteem	No	Yes	_____
Poor concentration or difficulty making decisions	No	Yes	_____
Feelings of hopelessness	No	Yes	_____
Never without symptoms for > 2 mos. over a one year period	No	Yes	_____

Total for Dysthymia (items 2-7) (3 or more)

82. When did these problems begin? (Specify age)

### VIII. Other Concerns

83. Has the child exhibited any of the symptoms below?

Stereotyped mannerisms	No	Yes	_____
Odd postures	No	Yes	_____
Excessive reaction to noise or fails to react to loud noises	No	Yes	_____
Overreacts to touch	No	Yes	_____
Compulsive rituals	No	Yes	_____
Motor tics	No	Yes	_____
Vocal tics	No	Yes	_____

Total