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DEVELOPMENTAL QUESTIONNAIRE

Child's Name: _____Child's Date of Birth:_____
Parents Names: _____
Date:_____

This questionnaire will assist me in understanding your child and family. It will aid in my assessment and in treatment planning and recommendations. Please answer all the questions pertaining to your child's age to the best of your ability. Any questions that make you feel too uncomfortable may be left blank for the interview. Any information that you choose to share will be handled with respect and with confidentiality. Thank you for your time and thoughtful consideration of the questions.

History of Child's Family of Origin

1. Ages and occupations of child's birth parents when they met:
   Mother's Age: __ _____ Occupation:_____
   Father's Age: _____ Occupation:_____
2. How long were the child's parents together before they married ?_____
   and/or had the child? _____
   How would you describe the courtship? _____
3. How did the families react (support/disapproval, etc.)?_____
   _____
   _____
4. Describe the marital relationship in terms of conflict, communication, harmony, shared parenting, etc._____
   _____

Developmental History

1. Was the pregnancy planned? _____
2. How old was the mother at conception? _____
3. Names and ages of all children delivered:
   _____ _____
   _____ _____
   _____ _____
4. List any illnesses, injuries, traumatic events which occurred during the pregnancy: (medications, accidents, family loss, nicotine, drugs or alcohol taken during the pregnancy). _____
   _____

_____

5. Was the baby delivered at full-term or earlier? _____
6. List any complications during delivery and type of delivery: _____
_____
7. Was the child distressed by lack of oxygen at any time? _____
8. Was an incubator used? _____ If yes, explain: _____

9. How much did the infant weigh? _____
10. Did the mother breast-feed?_____ If yes, was this a successful experience for mother and infant?_____. If no, how was the decision made to bottle-feed?
_____
11. What was the mother's emotional and physical condition following birth? Who was available for support? _____
_____
_____
12. Describe your baby's early personality: _____
_____
_____
13. Describe patterns with:
Feeding: _____
Sleeping: _____
Soothing: _____
Attachment: _____
Other medical concerns of early illness/injuries/accidents: _____
_____
_____
14. Developmental Milestones:
Age when first crawled: _____ Walked:_____
Age when said first words: _____ Sentences:_____
Age when toilet training began:_____ Completed: _____
Any problems with toilet training: _____
Is bedwetting a problem?_____
Age at first childcare, preschool: _____ Type of setting/care: _____
Age when mother first went back to work: _____
How did your child adjust to the separation?_____
How did the parents adjust?_____

<u>Early Childhood</u>

1. Please describe any behavioral or temperamental problems:
_____
_____

2. How have you handled these problems?
   _____
   _____
3. Describe the child's activity level and general personality style:
   _____
   _____
   _____
4. How does your child handle frustration?_____
   _____
5. Describe relationship with brothers and/or sisters:
   _____

   Describe relationships with parents: _____
   _____
   with non-family members: _____
   with other important family members: _____
   _____
   Please list the significant adults in your child's life: _____
   _____
6. How do you usually discipline?
   _____
7. How successful is it?
   _____
8. To your knowledge has your child ever experienced:
   Physical Abuse_____ Sexual Abuse _____
   Emotional or Verbal Abuse _____ Physical Neglect _____
   Emotional Neglect _____
   Exposure to Addicted Adults_____ Violent Adults _____
   Please explain any "yes" answer: _____
   _____
   _____

<u>School Age Development (5 – 12 years)</u>

1. Age of child when started school: _____
2. How did s/he adjust to school? _____
3. Usual elementary school grades: _____
4. School behavior problems: _____
5. Relationships with other children: _____
6. Other activities (sports, hobbies, etc.):_____
   _____
7. Are there current school-related problems? _____
   Attention/concentration:_____ Poor grades: _____
   Behavior Problems: _____ Peer group: _____
   Speech/hearing/language difficulties: _____ Learning difficulties: _____

Other:_____
Does your child have or have they had an IEP at school? _____
8. Current grade placement: _____ Current School: _____

Adolescent Development (13 – 18 years)

1. When did puberty start? _____
2. Have your discussed sexuality with your child/teenager? _____
3. How are his/her relationships with same sex peers? _____
   Opposite sex peers? _____
4. Do you have concerns about special peer groups or gangs? _____
   If yes, explain:_____
5. Is your child sexually active (to your knowledge)? _____
6. Is your child aware of "safer sex"/abstinence issues related to the HIV virus and other sexually transmitted diseases? _____
7. To your knowledge, has your child ever been pregnant: _____
   Ever had a sexually transmitted disease: _____
   Used birth control methods: _____
   Had an abortion: _____ have sexual concerns: _____
8. Has your child been in trouble with the law? _____

Family History

1. Describe any changes, moves, significant events, family separation, divorce, death, etc. which has occurred during the child's life. Please note the age at which it occurred:
_____
_____
_____
_____
2. Do you have a religious affiliation? _____ if yes, what _____
3. Describe the child's ethnic/cultural background: _____
   _____
4. The following questions refer to the child's immediate, step or extended family. Please indicate whether any family members have a history of any of the following. Please indicate their relationship to the child.

Alcoholism/Drug Abuse: _____
Physical/Sexual Abuse: _____
Depression :_____
Other Mental Illness: _____
Hyperactivity/Learning Problems: _____
Epilepsy/Seizures: _____
Other Significant Medical history: _____

5. Child's Health History: Please list any health problems your child has had: _____
_____

6. If parents are separated or divorced:

Mother's name and address: Father's name and address:

_____ _____
_____ _____
_____ _____

Step- Parents: _____ _____
Siblings:_____ Half-Siblings: _____ Step-Siblings: _____
_____ _____ _____

What is the custody/visitation plan? Please be as specific as possible.
_____
_____

How has the child adjusted to the divorce and visitation plan?
_____
_____

What concerns do you have about your child or your family related to the divorce, visitation, custody, etc.? _____
_____
_____

<u>Previous Counseling or Treatment</u>

1. Please list any previous counseling: _____
2. Name of Practitioner: _____
3. Why did you decide to go for help? _____
_____
4. Name of child's pediatrician or other physician: _____
_____

<u>Present Concerns:</u>

1. Please describe what concerns you about your child at this time: _____
_____
_____
_____

2. Please check all that apply to your child:

___ sad, tearful ___eating problems
___ angry, agitated ___ social problems
___ worried, anxious ___ drugs or alcohol
___ overactive ___ communication problems

___ learning difficulties
___ fighting
___ poor self-image
___ other school problems
___ impulsive, poor choices
___ seems depressed
___ change in personality
___ stressed or upset
___ family difficulties
___ poor sleep
___ other: _____

3.What goals do you hope to achieve for your child through therapy?_____
_____
_____
_____

4.What are your child's strengths and talents? _____
_____
_____
_____