

DEVELOPMENTAL HISTORY QUESTIONNAIRE

Name of child/teen _____ Date _____
 Current Age _____ Gender _____ DOB _____
 Name of person completing Questionnaire _____
 Relationship to child/teen _____

Pregnancy

Was birth planned? _____ Age of parents at child's birth: Mom _____ Dad _____
 Reasons for having a child at that time: _____

Were there complications or difficult life events during pregnancy? _____ If so, please describe _____

Mother's concerns during pregnancy _____

Were any of the following substances used more than a few times by the birth mother during pregnancy?

- Beer or Wine Hard alcohol Coffee, tea or caffeine drinks Cigarettes Marijuana
- Tranquilizers or Pain medications Antibiotics Anti-seizure medications Insulin
- Other prescription medications? Please specify _____
- Other street drugs, please specify _____

Labor and Birth

Please describe any problems during labor or delivery _____

Duration of labor? _____ Time in hospital? _____

Health of mother after birth _____

Health of baby after birth _____

APGAR _____ Birth weight _____ Please describe any difficult adjustments for your baby after birth _____

Breast or Bottle fed? _____ For how long? _____

Please describe your experiences bonding with your infant _____

Significant Caregivers

Please describe the primary caregivers for your infant during first three years _____

Since then? _____

Please rate your child's functioning as an infant and toddler in the following areas:

Behavior	Advanced	Average	Delayed	Specific Problems
Feeding	[]	[]	[]	
Sleeping	[]	[]	[]	
Motor development	[]	[]	[]	
Language development	[]	[]	[]	
Relational development	[]	[]	[]	

Emotional Developmental History - Please describe your child's temperament, significant attachments, ability to express feelings/wants/needs, any notable fears _____

Family Relationship History - Please describe your child's relationships with her/his parents, guardians, siblings and extended family members _____

Please describe who currently lives in your household and their relationships to your child

Social Developmental History - Please describe family relationships with adults and children, peers, special friendships or attachments, pets, etc. _____

School History - Please describe how your child responded to beginning school, favorite subjects or activities, academic performance, any difficulties, notable changes in school functioning and the surrounding events _____

Behavioral Concerns (currently and while growing up) _____

Methods of Discipline – Please describe ways you encourage changes in your child's behavior

Significant Losses or Traumas (for example, death, separations, divorce, illness, abuse, crime)

Does your child remind you of anyone in your family; of events or issues from your own childhood; of your birth order? _____

Signature of Parent or Guardian _____