

DEVELOPMENTAL QUESTIONNAIRE

Name of Child

Name of Person Filling Out Form

Relationship

This is a detailed questionnaire with many questions which may be difficult to answer because they deal with a period that has been almost forgotten by both the child and his/her parents. However, it will help us greatly in the treatment of your child, if you complete these inquiries completely and accurately.

1. What was the health of the child's mother during pregnancy? Was there vomiting, bleeding, illness of any kind, moodiness, unhappiness?
2. Weight of baby at birth: _____ Full term? _____
3. Was delivery normal? _____ Ceasarean? _____ Forceps used? _____
Did mother have any unusual difficulty before or after delivery?
4. What was the condition of the baby at birth?
5. If baby was breast fed, how long? _____ Did mother enjoy it? _____
6. At what age was the baby completely weaned from breast or bottle? _____
7. Eating habits: Any problems or food fads now or in the past? _____
8. At what age did child talk? _____ words together? _____
Any speech difficulty past or present? _____
9. At what age did the child walk? _____
10. At what age was toilet training started? _____ Completed? _____
Who did the training? _____ How was it done? Explain: _____

11. Did the baby's father help with the care? _____
12. Have people other than parents helped take care of the child? _____
Who and at what ages? _____
13. Was the child, when small, easy to care for and live with, or difficult? Describe:

14. What does you child do well? _____
15. With what age group, in relation to the child's own age, does your child get along best? _____ In the past? _____

16. At what age did parents begin disciplining the child? _____ What method? Describe:

17. Does the child now, or has he/she in the past, done the following?
Had tantrums? _____ What age? _____
Soiled clothes? _____ What age? _____
How did you handle this: _____

Nervous habits? _____ What age? _____
18. Has the child had an extremely high temperature at any time? _____ Describe:

How long did the fever last? _____
19. Has the child had any serious illness or injuries? _____ Describe:

20. Was the child a planned child? _____ Was the child wanted and at the time was there a preference by one of both parents as to the sex?
21. Has the child ever been unconscious for any length of time: _____ Describe _____

Has the child ever been in any hospital overnight? _____ When? _____
How long and for what reason? _____

23. Is the child presently being treated by a physician for any ongoing or recurring medical problem: _____ Please explain: _____

24. Is the child taking any medications: _____ List them: _____

25. Has the child ever had a head or back injury? _____ Explain: _____

26. Describe your child's physical health:
Often ill Poor Average Good Excellent Outstanding
27. Has the child ever had a seizure, blackout or convulsion? _____
28. Has the child ever report severe or recurring headaches or blurred or distorted vision?

29. Has the child ever received any form of psychological counseling for behavioral, emotional or adjustment problems? _____
30. Is there any other information about your child which would help us to understand his/her problem? Please use another sheet of paper if necessary.

PARENT QUESTIONNAIRE

Using the scale below, enter in the blank the number that describes the child best:

- 0 means "never" or "not at all"
- 1 means "just a little" or "sometimes"
- 2 means "pretty much"
- 3 means "very much"

- 1. Excitable, impulsive _____
- 2. Cries easily or often _____
- 3. Restless in the "squirmy" sense _____
- 4. Restless, always up and on the go _____
- 5. Destructive _____
- 6. Fails to finish things _____
- 7. Distractibility or attention span a problem _____
- 8. Mood changes quickly and drastically _____
- 9. Easily frustrated in efforts _____
- 10. Disturbs other children _____

AD Total _____

- 11. Sassy to grown-ups _____
- 12. Carries a chip on his shoulder _____
- 13. Destructive _____
- 14. Denies mistakes or blames others _____
- 15. Quarrelsome _____
- 16. Pouts and sulks _____
- 17. Steals _____
- 18. Disobedient or obeys but resentfully _____
- 19. Bullies others _____
- 20. Mood changes quickly and drastically _____
- 21. Doesn't like or doesn't follow rules or restrictions _____
- 22. Basically an unhappy child _____

CD Total _____

- 23. Headaches _____
- 24. Stomach aches _____
- 25. Other aches and pains _____
- 26. Vomiting or nausea _____
- 27. Bowel problems (frequently loose; irregular habits; constipation) _____

SOM Total _____

- 28. Fearful (of new situations; new people or places; going to school) _____
- 29. Shy _____
- 30. Worries more than others (about being alone; illness or death) _____
- 31. Lets self be pushed around _____

ANX Total _____

Circle each word or phrase which describes the child.

- | | | | |
|----------------------------------|--|--|------------------------------------|
| 1. Clown | 1. Argues | 1. Vicious | 1. Gives up easily |
| 2. Cute remarks | 2. Contradicts | 2. Sullen | 2. Helpless |
| 3. Nuisance | 3. Continues when told to stop | 3. Hateful | 3. Inadequate |
| 4. Doesn't listen | 4. Tantrums | 4. Spiteful | 4. Doesn't try |
| 5. Has to be corrected | 5. Lies | 5. Tries to get even | 5. Fails easily |
| 6. Show-off | 6. Stubborn | 6. Remarks "cut-to-the-quick" | 6. Easily discouraged |
| 7. Interrupts | 7. Disobedient | 7. Likes to hurt me | 7. Not likely to succeed |
| 8. Tries to be cute and charming | 8. Forgets a lot | 8. Tries to humiliate | 8. Fearful |
| 9. Tattletale | 9. Does the opposite of what is told | 9. Threatens to do things to hurt me | 9. Hard to encourage |
| 10. Pest | 10. Has to be forced to do things | 10. Enjoys seeing others make mistakes | 10. Difficult to help |
| 11. Has to be reminded a lot | 11. Talks back | _____ | 11. Have given up hope for him/her |
| _____ | 12. Fights back | _____ | 12. Feels inferior to other people |
| _____ | 13. Doesn't do what | | 13. Needs a lot of reassurance |
| | 14. Obstinate | | _____ |
| | 15. Gets away with everything he/she can | | _____ |
| 1. Pleasant | | | |
| 2. Helpful | | | |
| 3. Cooperative | _____ | | |
| 4. Willing | _____ | | |
| 5. Appreciative | | | |
| 6. Takes the initiative | | | |
| 7. Resourceful | | | |
| 8. Can be trusted | | | |
| 9. Contributes | | | |
| 10. Makes other people feel good | | | |
| _____ | | | |
| _____ | | | |