

**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 \_\_\_\_\_

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

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

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

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**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 \_\_\_\_\_

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**Behavioral Concerns** (currently and while growing up) \_\_\_\_\_

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

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

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

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**Signature of Parent or Guardian** \_\_\_\_\_