

# Developmental History Questionnaire

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**Caregivers:** This questionnaire has been prepared to allow review of your child's early development in a variety of areas which may not be obviously relevant to the reason your child will be seen in our office. Please take the time to complete each of the following pages as thoroughly as possible, and feel free to add your comments and elaborations on the reverse of any page. Thank you, in advance, for your time and effort with this form. We look forward to seeing you for your first appointment on:

## ~DEMOGRAPHICS~

1. This child's full name is: \_\_\_\_\_

2. The child's date of birth is \_\_\_\_\_

3. This child's present primary address is:  
\_\_\_\_\_

**SEPARATION AND DIVORCE:** If this child's caregivers have separated or divorced any time since the child's birth, please indicate on the reverse (a) dates of separations, reunion, divorce and remarriages, as applicable; (b) the legal conditions of visitation and custody; and (c) your feeling about whether this child was successfully kept out of the middle of the divorce.

**FOSTER CARE AND ADOPTION:** If this child is or has been in foster care, or is adopted, please indicate on the reverse (a) dates and reasons for foster care; (b) plan for return to or contact with other caregivers; and/or (c) details and history about natural parents/ reasons for adoption.

4. The name of the person completing this form is: \_\_\_\_\_

5. This child is presently in \_\_\_\_\_ grade

6. How would you describe this child's physical appearance? (Include a photo if you wish)  
\_\_\_\_\_

7. Has this child reached puberty?

YES

NO

8. Has this child ever been in psychotherapy before?

YES

NO

If YES, please describe on the reverse.

9. This child's response upon learning that s/he has been referred for psychological services was:

"No way! I'm not going!"

"I'll give it a try"

Child requested services

"O.K., If I have to ..."

Child Doesn't Know Yet

**~CONCEPTION AND DELIVERY~**

10. Was this child's conception planned? YES  NO

11. How long was necessary to become pregnant? \_\_\_\_\_ Months

12. What was the reaction to learning of the pregnancy?

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

13. Was the baby carried to term (9 months)? YES  NO

14. Birth Weight: \_\_\_\_\_ pounds and \_\_\_\_\_ ounces

15. Birth Length: \_\_\_\_\_ inches

16. During pregnancy, the child's natural mother did which of the following?

- |  |  |
|--|--|
| <input type="checkbox"/> Smoked Tobacco  | <input type="checkbox"/> Drank Alcohol               |
| <input type="checkbox"/> Was Injured or Fell                                   | <input type="checkbox"/> Had Serious Illness/Surgery |
| <input type="checkbox"/> Used Prescription Drugs. Please Specify: _____        |  |
| <input type="checkbox"/> Experienced Other Major Stress. Please Specify: _____ |  |

17. Please indicate which of the following was true of delivery:

- |   |  |
|---|--|
| <input type="checkbox"/> Vaginal Delivery                                       | <input type="checkbox"/> Cesarean Section              |
| <input type="checkbox"/> V-Back   | <input type="checkbox"/> Mother Had General Anesthetic |
| <input type="checkbox"/> Mother and Child Had Skin-to-Skin Contact After Birth  |  |
| <input type="checkbox"/> Baby Experienced Fetal Distress. Please Specify: _____ |  |

18. What were the child's APGAR scores? \_\_\_\_\_ and \_\_\_\_\_

19. Did mother or child experience medical complications following delivery? Please elaborate on reverse. YES  NO

20. Mother returned home at \_\_\_\_\_ days after delivery.  
Child returned home at \_\_\_\_\_ days after delivery

**~INFANCY AND TODDLER YEARS~**  
 (Approximately ages 0 through 2 years old)

21. Please check in the boxes below which caregiver was **primarily** responsible for each of the activities listed at left.

| ACTIVITY:            | MOTHER: | FATHER: | OTHER<br>(Please Specify): |
|----------------------|---------|---------|----------------------------|
| Feeding              |         |         |                            |
| Bathing              |         |         |                            |
| Diapering            |         |         |                            |
| Responding to Crying |         |         |                            |
| Playing              |         |         |                            |

22. Was this child breast-fed? YES  NO   
 If so, s/he was weaned at \_\_\_\_\_ months old.

23. Did you feel that any of the child's early behaviors were "odd" or "unusual"? YES  NO   
 If so, please elaborate on the reverse.

24. Please note the approximate ages at which this child consistently was able to do each of the following:

- \_\_\_\_\_ Sits Alone                      \_\_\_\_\_ Stands Unassisted                      \_\_\_\_\_ Rolls Over Unassisted
- \_\_\_\_\_ Says First Words                      \_\_\_\_\_ Walks Unassisted                      \_\_\_\_\_ Says First Sentences
- \_\_\_\_\_ Sleeps Through Night                      \_\_\_\_\_ Full Bowel Control                      \_\_\_\_\_ Fears Strangers
- \_\_\_\_\_ Full Urine Control                      \_\_\_\_\_ Shared Toys with Others                      \_\_\_\_\_ Scribbled with a Crayon

25. What three adjectives best describe this child during infancy and toddler years?  
 (examples include: Cuddly; Distant; Curious; Demanding; Loner; Clingy; Hyper; Tense; Loving; Angry)  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

26. What was the most difficult part of this child's first two years?  
 \_\_\_\_\_

27. Did the child experience any illness, injury or prolonged separations during the first two years? YES  NO   
 If YES, please elaborate on the reverse.

**~PRESCHOOL YEARS~**  
*(Approximately 2 to 5 years old)*

28. Please use the table below to indicate how this child responded to others during these years:

| ACTIVITY:                   | HAPPY | INDIFFERENT | UPSET |
|-----------------------------|-------|-------------|-------|
| <b>Held by Mother</b>       |       |             |       |
| <b>Plays Near Mother</b>    |       |             |       |
| <b>Mother Leaves Child</b>  |       |             |       |
| <b>Held by Father</b>       |       |             |       |
| <b>Plays Near Father</b>    |       |             |       |
| <b>Father Leaves Child</b>  |       |             |       |
|                             |       |             |       |
| <b>Stranger Approaches</b>  |       |             |       |
| <b>Stranger Holds Child</b> |       |             |       |

29. Please note the approximate ages at which this child consistently was able to do each of the following:

- |                             |                          |                             |
|-----------------------------|--------------------------|-----------------------------|
| _____ Tie Shoes             | _____ Dresses Unassisted | _____ Bathes Unassisted     |
| _____ Cleans Up When Asked  | _____ Brushes Own Teeth  | _____ Began Day Care        |
| _____ Birth of Next Sibling | _____ Began Preschool    | _____ Shares and Cooperates |
| _____ Began Kindergarten    | _____ Writes Own Name    | _____ Reads Short Words     |

30. Did this child have a favorite object (toy, animal) which seemed to comfort him or her? YES  NO   
**If YES, When did the Child give this object up? \_\_\_\_\_ years old**

31. Please describe any rules, rewards or punishments used routinely with the child between the ages of 2 and 5 years old, approximately:

| Rule or Expectation:                                  | Reward or Incentive                 | Punishment or Consequence:        |
|---|-------------------------------------|-----------------------------------|
| EXAMPLES:<br>A. Put toys away<br>B. Eat all of supper | A. Earn Allowance<br>B. Get Dessert | A. Toys are Taken Away<br>B. none |
| 1.  |                                     |                                   |
| 2.  |                                     |                                   |
| 3.  |                                     |                                   |

**~Elementary School Years~**  
 (Approximately ages 6 through 11 years old)

**HAS THIS CHILD ...?**

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| 32. ... Had any prolonged absences from school?            | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 33. ...Failed or repeated any grade?                       | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 34. ...had psychological testing of any kind?              | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 35. ...had speech and language or audiological testing?    | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 36. ... ever been suspended or expelled from any activity? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

**Please elaborate on any YES responses on the reverse of this page.**

37. What three adjectives best describe this child's attitude toward school and learning?  
 (examples: excited; avoidant; bored; resentful; enthusiastic; motivated; disgusted; indifferent)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

38. In elementary school, this child's ... FAVORITE SUBJECT was: \_\_\_\_\_
- ... BEST SUBJECT was: \_\_\_\_\_
- ... WORST SUBJECT was: \_\_\_\_\_

39. Please indicate what EXTRA-CURRICULAR or C-CURRICULAR activities this child participated in:

| NAME OF ACTIVITY:      | AGES WHEN PARTICIPATED: | ENJOYED PARTICIPATING? | SUCCESSFUL IN THIS ACTIVITY? |
|------------------------|-------------------------|------------------------|------------------------------|
| EXAMPLE:<br>boy scouts | 9-11 years old          | very much              | earned eagle scout           |
|                        |                         |                        |                              |
|                        |                         |                        |                              |
|                        |                         |                        |                              |

40. In elementary school, this child wanted to be a \_\_\_\_\_ when s/he grows up.

41. During these same years, did this child ...

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| a. ... know the names of male and female body parts? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| b. ... understand "where babies come from?"          | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| c. ... show any interest in sexual activity?         | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| d. ... act out in a sexualized manner?               | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| e. ... engage in sexual activities with others?      | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

*~Family and Home~*

42. Please describe this child's family, below. In the right hand column marked ??? indicate any of the following codes that describe the individuals listed:

|            |                                    |           |                                   |
|------------|------------------------------------|-----------|-----------------------------------|
| <b>AC</b>  | Alcohol or Chemical Dependency     | <b>DS</b> | Depression or Suicide Attempts    |
| <b>PSY</b> | Psychiatric/Psychological Problems | <b>CP</b> | Chronic Physical Illness          |
| <b>LP</b>  | Learning Problems/School Failure   | <b>AI</b> | Arrested, Imprisoned or Convicted |
| <b>MR</b>  | Mental Retardation                 | <b>V</b>  | Violent, Aggression, Dangerous    |

| RELATION | FULL NAME | AGE | LIVE WITH CHILD? | ??? |
|----------|-----------|-----|------------------|-----|
|          |           |     |                  |     |
|          |           |     |                  |     |
|          |           |     |                  |     |
|          |           |     |                  |     |
|          |           |     |                  |     |
|          |           |     |                  |     |

If anyone else lives in the same home with the child (examples: butler, roommate), please list here:

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |

43. The child presently lives in:  House Trailer  Apartment  
 Single Family Home  Other: \_\_\_\_\_

44. Does this child share a bedroom with anyone? YES  NO   
 If YES, please specify whom: \_\_\_\_\_

45. Please list the places where this child has resided since birth. Continue on the reverse, if necessary:

| LOCATION | BETWEEN AGES: | LIVED WITH WHOM? |
|----------|---------------|------------------|
| 1. NOW:  |               |                  |
| 2.       |               |                  |
| 3.       |               |                  |

46. Please describe any household chores or responsibilities asked of the child:

| Rule or Expectation: | Reward or Incentive | Punishment or Consequence: |
|----------------------|---------------------|----------------------------|
| 1.                   |                     |                            |
| 2.                   |                     |                            |
| 3.                   |                     |                            |

*~Reason for Referral~*

47. Please briefly state the reason this child has been referred for psychological services:

---

48. Please indicate below which of the following are concerns about this child. Do not mark items that are not of concern. Indicate severity of concern as follows:

XXX MOST SEVERE and IMPORTANT  
XX LESS SEVERE  
X PROBLEMS, BUT NOT SEVERE

- a. **TOILETING:** Bedwetting, Soiling, Smearing, Regressed to Diapers, Constipation
- b. **EATING:** Refuses to Eat, Compulsion to Eat, Picky Eater, Vomiting/Purging, Obesity
- c. **SLEEPING:** Difficulties Falling Asleep, Night Waking, Apnea, Sleep-Walking, Terrors
- d. **ATTENTION:** Inattention, Distractible, Can't Concentrate
- e. **AGGRESSION:** Fighting/Bullying, Setting Fires, Hurting Animals, Destroying Property
- f. **SELF-DESTRUCTIVE:** Cuts, Hits, Kicks, Burns, Self, Bangs Head, Risk Taking
- g. **SOCIAL SKILLS:** No Friends, Prefers Younger/Older Peers, Loses Friends Quickly
- h. **DEPRESSION:** Withdrawal, Isolation, Low Energy, Hopeless, Sad, Helpless
- i. **ACTIVITY LEVEL:** Over-Active, Hyper-Active, Out of Control, Inactive, Passive
- j. **CONFUSION:** Disoriented, Forgetful, Memory Impairments, Odd Statements
- k. **MOVEMENT PROBLEMS:** Twitches, Tics, Paralysis, Seizures, Weakness, Compulsions
- l. **SCHOOL/WORK PERFORMANCE:** Falling Grades, Fired or Expelled, Refuses to Attend
- m. **SEXUAL:** Preoccupation, Intrusive Ideas, Exposing Self, Touching Others, Role Confusion
- n. **ABUSE/TRAUMA:** Victim of Sexual/Physical/Emotional/Verbal Abuse, Accident, Injury
- o. **SEPARATION/LOSS:** Death, Divorce, Relocation
- p. **OPPOSITIONAL/DEFIANT:** Disrespectful, Defies Authority, Disobedient
- q. **DELINQUENT:** Theft, Assault, Police Involvement, CHINS
- r. **DRUGS AND ALCOHOL:** Experimentation, Abuse, Addiction, Peer Pressure
- s. **MEDICAL PROBLEM:** Chronic Illness, Terminal Illness, Medication Compliance

*~Medical Status~*

49. Has this child ever ...?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. ... required major surgery of any kind?      | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| b. ... had seizures, black outs or "lost" time? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| c. ... lost consciousness?                      | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| d. ... had heart or lung diseases?              | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| e. ... had an infectious disease?               | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| f. ... had a head injury?                       | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| g. ... required hospitalization?                | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Please elaborate on any YES responses on the reverse.

50. Are this child's immunizations up to date?

- YES  NO

51. Does this child complain of chronic physical discomfort

- YES  NO

If YES, please elaborate on the reverse.

52. Please list the child's current medications:

| MEDICATION | DOSAGE | FREQUENCY/DAY | PRESCRIBED BY WHOM? |
|------------|--------|---------------|---------------------|
|            |        |               |                     |
|            |        |               |                     |
|            |        |               |                     |

53. The date of the child's last complete physical was: \_\_\_\_\_

54. Please indicate here any known family history of physical (example: epilepsy, diabetes) or psychiatric (example: Manic-depressive illness) disease:

| RELATION | ILLNESS |
|----------|---------|
|          |         |
|          |         |
|          |         |



Child's Name: \_\_\_\_\_

### ~Relevant Contact Persons~

In order to provide the most comprehensive mental health services possible, it is important to gather information from a wide variety of sources. This often includes having caregivers' permission to exchange information with teachers, physicians, past therapists, and others involved in the child's and family's life.

Please indicate below the names and contact information for the individuals or agencies who might be able to provide further relevant information. This **does not allow** Affiliated Counseling Center to contact these people. This information will simply be used to complete formal release forms which, if you choose to sign, will then allow Affiliated Counseling Center to contact the individuals or agencies so designated.

**55. SCHOOL or PLACE OF EMPLOYMENT:**

|   |  |                       |                     |
|---|--|-----------------------|---------------------|
| _____<br><i>Name of Individual or Agency and Contact Person, as appropriate</i> |  |                       |                     |
| _____<br><i>Address</i>   | _____<br><i>City</i>                   | _____<br><i>State</i> | _____<br><i>Zip</i> |
| ( _____ ) _____<br><i>Phone or Fax</i>  | ( _____ ) _____<br><i>Phone or Fax</i> |                       |                     |

**56. PEDIATRICIAN or PHYSICIAN:**

|   |  |                       |                     |
|---|--|-----------------------|---------------------|
| _____<br><i>Name of Individual or Agency and Contact Person, as appropriate</i> |  |                       |                     |
| _____<br><i>Address</i>   | _____<br><i>City</i>                   | _____<br><i>State</i> | _____<br><i>Zip</i> |
| ( _____ ) _____<br><i>Phone or Fax</i>  | ( _____ ) _____<br><i>Phone or Fax</i> |                       |                     |

**57. FORMER THERAPIST:**

|   |  |                       |                     |
|---|--|-----------------------|---------------------|
| _____<br><i>Name of Individual or Agency and Contact Person, as appropriate</i> |  |                       |                     |
| _____<br><i>Address</i>   | _____<br><i>City</i>                   | _____<br><i>State</i> | _____<br><i>Zip</i> |
| ( _____ ) _____<br><i>Phone or Fax</i>  | ( _____ ) _____<br><i>Phone or Fax</i> |                       |                     |

**58. OTHER - SPECIFY:**

|   |  |                       |                     |
|---|--|-----------------------|---------------------|
| _____<br><i>Name of Individual or Agency and Contact Person, as appropriate</i> |  |                       |                     |
| _____<br><i>Address</i>   | _____<br><i>City</i>                   | _____<br><i>State</i> | _____<br><i>Zip</i> |
| ( _____ ) _____<br><i>Phone or Fax</i>  | ( _____ ) _____<br><i>Phone or Fax</i> |                       |                     |