

CHILD AND ADOLESCENT DEVELOPMENTAL HISTORY QUESTIONNAIRE

Please PRINT all information.

CHILD'S NAME _____

Sex _____ Date of Birth _____ Age _____

School _____ Grade _____

Referred by _____

Reason for requesting psychological consultation: _____

INSTRUCTIONS: The information on the following pages will help me to better understand your child and to identify his or her strengths and weakness, as well as his or her needs. All information will be kept confidential. If there are any questions which you do not wish to answer, please feel free to leave them blank.

please return the completed form to:

**Bruce E. Mapes, Ph.D.
P.O. Box 1028
Exton, PA 19341**

**Telephone: 610-696-8740
Fax: 610-696-8741**

FAMILY CONSTELLATION

Father's Name: _____ **DOB:** _____ **Age:** _____

Social Security Number: _____ **Highest Grade Completed:** _____

Employer: _____ **Occupation:** _____

Home Address: _____

Telephone Numbers: Home _____ Work _____

Mother's Name: _____ **DOB:** _____ **Age:** _____

Social Security Number: _____ **Highest Grade Completed:** _____

Employer: _____ **Occupation:** _____

Home Address: _____

Telephone Numbers: Home _____ Work _____

Are the parents: ___ Married ___ Separated ___ Divorced?

Is the child adopted? ___ Yes ___ No If so, at what age? _____

Please list the names and ages of all other children in the family: (continue of other side if necessary)

PRENATAL HISTORY

Please describe the mother's general health during the pregnancy:

Please check all of the following used by the mother during pregnancy:

Alcohol Prescribed medications Drugs Tobacco Inhalants

During the pregnancy, did the mother experience:

Spotting Bleeding Emotional stress Injury Illness

BIRTH HISTORY

How old was the mother when the child was born? _____

Was there Toxemia? Eclampsia? RH Incompatibility?

Was the child born Early? On schedule? Late?

How long did labor last?

Under 6 hrs 7-12 hours 13-18 hours 19-24 hours Over 24 hours

Please list all medications administered to the mother during birth:

Were there any indications of fetal distress? Yes No

Was the delivery:

Normal? Breech? C-section? Induced? Aided by forceps?

POSTNATAL HISTORY

What was your child's weight at birth? _____ pounds _____ ounces

Please describe any health or developmental complications following birth: _____

As an infant, did your child present any difficulties with:

Feeding Colic Sleeping Alertness Responsiveness

Please describe any health or congenital problems which your child had as an infant: _____

How easy was it to get your child to follow a schedule as an infant and toddler?

Very easy Easy Average Difficult Very difficult

How did your child react to other people as an infant and toddler?

Very sociable Sociable Not sociable

When your child wanted something as an infant and toddler, how insistent was he or she?

Very insistent Pretty insistent Insistent Not very insistent Not insistent

What was your child's activity level as a child?

Very active Active Average Less active Not active

DEVELOPMENTAL MILESTONES

At what age did your child sit up? ___ 3-6 months ___ 7-12 months ___ after 12 months

At what age did your child crawl? ___ 6-12 months ___ 13-18 months ___ after 18 months

At what age did your child walk? ___ before 12 months ___ 12-24 months ___ after 24 months

At what age did your child speak single words other than "momma" or "dada"?

___ 9-13 months ___ 14-18 months ___ 19-24 months ___ 25-36 months

At what age did your child string two or more words together?

___ 9-13 months ___ 14-18 months ___ 19-24 months ___ 25-36 months

At what age was your child toilet trained for urine?

___ 0-12 months ___ 12-24 months ___ 24-36 months ___ 36-48 months ___ after 48 months

At what age was your child toilet trained for bowels?

___ 0-12 months ___ 12-24 months ___ 24-36 months ___ 36-48 months ___ after 48 months

How long did it take to toilet train your child?

___ less than one month ___ 1-2 months ___ 2-3 months ___ more than 3 months

Please describe any special developmental problems which your child has had or does have:

MEDICAL HISTORY

Please give the name, address, and telephone number of your child's physician:

How is your child's hearing? Good Fair Poor

How is your child's vision? Good Fair Poor

How is your child's fine-motor coordination (coloring)? Good Fair Poor

How is your child's gross-motor coordination? Good Fair Poor

How is your child's speech articulation? Good Fair Poor

Please describe any special or chronic health problems which your child has had:

Which of the following illnesses has your child had?

Mumps Chicken pox Measles Whooping cough Scarlet fever
 Pneumonia Encephalitis Otitis media Lead poisoning Seizures

Has your child experienced any of the following?

Broken bones Severe lacerations Head injury Eye injury Surgery
 Amputation Exposure to toxic substances Loss of consciousness

Has your child had any of the following disorders?

Tonsillitis/adenoids Hernia Eye/nose/throat Burns Circulatory
 Digestive Respiratory Neurological Skeletal

Do you suspect your child used drugs or alcohol? Yes No

Has your child ever been physically or sexually abused? Yes No

Does your child display any of the following sleep problems?

Difficulty falling asleep Waking up during the night Waking up early
 Night terrors Restless sleep Talking in sleep Sleepwalking

Does your child Wet his/her pants Wet his/her bed Soil his/her pants?

Is your child's appetite Above average Average Below average?

Please list all medications other than antibiotics which have been prescribed for your child:

Has your child ever had any of the following forms of psychological treatment?

Individual therapy Group therapy Family therapy

Has any blood relative of your child ever suffered from:

Seizures Depression Mental illness Neurological problems
 Attention Deficit Disorder Obsessive-Compulsive Disorder Tics
 Learning disabilities Mental retardation Developmental disabilities
 Anger control problems Alcohol abuse Drug abuse Genetic disorder

Please list any medical specialists whom your child does see or has seen:

SCHOOL PERFORMANCE

Please summarize your child's academic and social adjustment for each of the following levels:

Preschool

Kindergarten

Grades 1-3

Grades 4-5

Grades 6-8

Grades 9-12

Briefly describe your child's strengths and weaknesses in each of the following subject areas:

Reading/language arts:

Mathematics:

Science:

Social Studies:

Has your child ever received any of the following services?

Learning support class Emotional/behavioral support class Speech therapy

Self contained class Language therapy Adaptive physical education

Has your child ever been:

Retained Suspended from school Expelled from school

What are your educational goals for your child?

SOCIAL HISTORY

How does your child get along with his/her siblings? Good Average Poor

How easy is it for your child to make friends? Easy Average Difficult

How long does your child maintain friendships which he or she makes?

Less than 6 months 6-12 months More than 12 months

Please check all of the words below which describe your child's interactions with peers:

Cooperative Passive Controlling Aggressive Self-centered
 Giving Argumentative Tense Relaxed

Please check all the words below which describe your child's interactions with adults:

Cooperative Defiant Submissive Demanding Manipulative

What role(s) does your child play when interacting with other children?

Boss Victim Peacemaker Other

What are your child's strengths and weaknesses when interacting with peers?

What are your child's strengths and weaknesses when interacting with adults?

CURRENT BEHAVIOR CONCERNS

Please describe specific behavioral concerns which you have about your child:

Which of the following have been successful strategies for dealing with any behavior problems?

Verbal reprimands Time out Loss of privileges Rewards
 Ignoring Grounding Giving in to child Physical punishment

What percent of the time does your child respond to your first request?

0-20% 20-40% 40-60% 60-80% 80-100%

To what degree do you and your spouse agree on limits, rewards, and discipline?

Most of the time Some of the time Rarely

Please check the situations in which your child is most likely to display behavior problems:

While playing alone When bored When playing with other children
 Mealtimes When getting ready to go somewhere Bedtime In car
 When you are on the phone When you are talking to someone With a sitter
 At another child's home When asked to do a chore In public When you say no

What will your child do if you tell him or her to stop doing something?

Stop doing it Ignore you Do something else equally inappropriate
 Stop for a short time and then do it again Do something more appropriate
 Argue Cry Have a temper tantrum

BEHAVIOR OBSERVATIONS

Within each group, please check all of the behaviors which your child is likely to display.

GROUP A:

- Fidgets Difficulty remaining seated Easily distracted Difficulty waiting turn
 Blurts out answers before question is completed Difficulty following instructions
 Short attention span Quickly changes activities Talks excessively
 Interrupts others Talks loud Talks fast Doesn't listen Loses things
 Runs instead of walks High risk taker Frequent injuries

Age first observed _____

GROUP B:

- Often loses temper Often argues with adults Actively defies adult requests
 Deliberately does things to annoy others Blames others for mistakes
 Is easily annoyed by others Is often angry/resentful Is spiteful/vindictive
 Swears or uses obscene language

Age first observed _____

GROUP C:

- Steals without confrontation Has run away overnight at least twice Often lies
 Deliberate fire setting Truancy Breaking and entering Destroys other's property
 Cruel to animals Forced someone to do something he/she did not want to do
 Used a weapon in a fight Starts fights Steals with confrontation

Age first observed _____

GROUP D:

- Unrealistic worry about harm to parents Fear of separation from parents
 Persistent school refusal Refusal to sleep alone Frequent physical complaints
 Refusal to be alone Nightmares about being left alone

Excessive distress when parents go out Fears major disaster will occur
 Excessive distress when actually separated from parents

Age first observed _____

GROUP E:

Unrealistic worry about future events Unrealistic worry about appropriateness of past behavior
 Unrealistic concern about competence Excessive physical complaints Very self conscious
 Excessive need for reassurance Inability to relax Clingy

Age first observed _____

GROUP F:

Depressed/irritable mood most of day Loss of interest in pleasurable activities
 Changes in appetite Sleeps too much Has difficulty sleeping Low energy level
 Low activity level High activity level Feels worthless Excessive guilt
 Difficulty concentrating Thoughts of harming self

Age first observed _____

GROUP G: (only check if the behavior has been present for at least two months)

Depressed/irritable mood most of day Poor appetite Overeating
 Excessive sleep Difficulty sleeping Low energy Easily fatigued
 Low self esteem Poor concentration Difficulty making decisions Feels helpless

Age first observed _____

GROUP H:

Stereotyped mannerisms Odd posturing Excessive reaction to noise
 Fails to react to noise Overreacts to touch Rituals Tics
 Jumps from one thought to another Bizarre ideas Odd fascinations
 Disoriented/confused "Spacey" Incoherent speech Mumbles
 Excessive mood swings Explosive temper Excessive clinging Unusual fears

- Strange aversions Panic attacks Doesn't show feelings
- Emotions inappropriate for situation Emotions appropriate but too intense
- Little or no interest in peers Indiscrete comments Abnormal speech Self-mutilation
- Cruelty to animals Fire setting Excessive reaction to change
- Thoughts of harming others Harms others Unusual social behavior
- Inappropriately initiates or terminates interactions with others

Age first observed _____

Please list other professionals with whom you have consulted:

Please describe what you hope will be different following the completion of these services: