DEVELOPMENTAL QUESTIONNAIRE

This is a detailed questionnaire with questions that may be difficult to answer because they deal with events in a period that has often been almost forgotten. However, it will help me greatly in this diagnostic study if you try to answer as fully as possible. I will review your answers with you to expand further on any material if you wish. If possible, it would be helpful for both parents to fill out the questionnaire together.

Child's name:_______________________________ Date of Birth:___________________

Name(s) of person(s) completing this form: _______________________________________

Date:___________

Information about Parents:

Mother's Name:________________________ Father's Name:_________________________

DOB:__________ DOB:__________

Highest level of education:_______________ Highest level of education:_______________

Occupation:____________________________ Occupation:____________________________

For Parents who are divorced and remarried:

Step-parent's Name:_____________________ Step-parent's Name:____________________

DOB:__________ DOB:__________

Highest level of education:________________ Highest level of education:_______________

Occupation:_____________________________ Occupation:____________________________

What arrangements, if any, are there for visitation or shared custody?

Siblings' Names	**DOB**	**Full/half/step-sib?**	**Where live if not at home**

Names, ages, and relationship of others to whom child is especially close:

In cases of adoption

How was the decision to adopt made?

How old was your child when s/he arrived in your home?

How old was your child when the adoption was finalized?

What information were you given about the biological parents and your child's early history?

What was the reaction of your extended family to the adoption?

Pregnancy

Was your child planned?

Duration of the pregnancy: _____weeks

Regarding Mother of child (MOC)

During the pregnancy:	Yes	No		Yes	No
Did MOC take any medications?	___	___	Did MOC smoke cigarettes?	___	___
Did MOC drink alcohol?	___	___	Did MOC use drugs?	___	___
Did MOC have X-rays?	___	___	Any medical problems?	___	___
Any accidents or falls?	___	___	Was MOC hospitalized?	___	___
Any problematic anxiety or moodiness?	___	___	Any trauma or losses?	___	___

Please describe in detail any items you checked "yes":

Did MOC feel that the living situation or events in the home were comfortable during the pregnancy? Describe:

What were the mother's and father's attitudes and feelings about the pregnancy?

Delivery and nursery stay

Birth weight: __________ Birth length: __________ Apgars: @1 min. ___ 5 min.___
Length of labor: ________ hours Length of stay: Baby: _______________ Mother: _______________

Was the delivery aided by any instruments or special procedures (e.g., C-section, induced labor, forceps)?

Did the baby have any problems after the delivery that needed medical attention (e.g., trouble breathing, jaundice, seizures, paralysis)? Describe:

Did MOC have any problems during or after delivery that needed medical attention? Describe:

Did MOC suffer from post-partum depression? Describe:

Was the father present during the delivery?

What was the father's attitude towards the birth?

Infancy and early childhood

Was the baby breast-fed? _____ Bottle-fed? _____ Or both? _____
a) If combined feeding, at what age was transfer from breast to bottle made? _____months
b) If bottle-fed, were there difficulties in finding a suitable formula? Describe:

c) If breast-fed (partially or completely), did MOC experience any difficulty with: scanty milk supply, painful nursing, cracked or inverted nipples, etc. Describe:

d) What was baby's response to nursing? Active ___ Eager ___ Had to be encouraged ___
e) Did baby mold to MOC or stiffen and arch away?

f) What were MOC's feelings about the nursing experience? Describe:

g) Which type of feeding was used? Demand ___ Time schedule ___
h) Were there any concerns about baby's weight gain?

When baby vomited, was s/he apt to bring up his food in small amounts or large quantities and with force? Describe:

During early childhood, did your child have any major problems in eating, e.g., chewing, swallowing, choking, refusing to eat, trouble with certain textures? How were these handled?

Were there times when baby had frequent spells of colic, constipation, or diarrhea? At what ages? How was it handled?

What attitude or mood did baby seem to express most of the time (e.g., happy, smiling, laughing, cuddly, whiney, fussy, seemed in pain, sad, "old," hard to engage)? Describe:

Generally babies vary in regard to the amount of activity they show. Which of the following do you think most nearly describes your baby during the first months of life?
___ Showed a great deal of activity, such as squirming, wiggling, kicking, and otherwise moving about so that it caused concern or difficulty, or
___ Showed very little physical activity, not even showing any increase in movement, interest or response when hungry or played with, or
___ Showed vigorous activity when awake and when played with but was equally often observed playing quietly and generally relaxed.

Who assisted MOC in the care and responsibility of baby during infancy? How much assistance? When?

During baby's first year was there anything (even if it had nothing to do with the baby) that caused unhappiness or anxiety in the family or placed the mother or father under special strain? Describe:

When did baby cut his/her first tooth?_____months. Did cutting teeth cause any special difficulty, such as excessive crying, loss of weight, fretfulness, etc.?

Where did baby sleep? ___ alone in a room ___ in bed with parent(s) ___ in parents' room in a crib or bassinet . At what age did baby sleep alone in his/her own room or in a room with a sibling?_____ months. When did baby begin to sleep through the night? _____months

Each child has his/her own sleeping pattern. Describe your child's habits, such as, thumbsucking, rocking, requiring a special object (e.g., blanket, toy):

Describe bedtime routines, if any, that were used:

Were there any periods your child habitually awoke crying or had to be held or rocked to fall asleep? At what age? What else would soothe or quiet your child? Describe.

What is your child's current sleep arrangement?

Developmental milestones

As best you can remember, designate the age at which your child:

Age (months)
_____ Establish eye contact
_____ Smile responsively
_____ Recognize parents
_____ Hold head erect
_____ Roll over
_____ Sit alone
_____ Babble
_____ Belly crawl
_____ Crawl
_____ Show fear of strangers
_____ Drink from a cup
_____ Pull to a stand
_____ Stand alone
_____ Walk with support
_____ Walk alone

Age (months)
_____ Play pat-a-cake
_____ Speak first words
_____ Use 2-word sentences
_____ Feed self (spoon)
_____ Bowel trained
_____ Dry in daytime
_____ Dry at night
_____ Scribbled
_____ Run well
_____ Ride a tricycle
_____ Hop on one foot
_____ Dress self totally
_____ Ride a two-wheeled bike
_____ Tie shoes
_____ Skip

Did your child have difficulties in separating from you when left with others? How did s/he respond when you returned?

Did your child have any delays or difficulties in motor coordination? If so, describe and give ages:

Did your child have any delays or difficulties in speech? If so, describe and give ages:

How old was your child when toilet training was started? ___________
a) What methods were used to establish bowel and bladder control? (e.g., placed on a toidy seat; how frequently; how long s/he was left there; what was done if successful; what was done if unsuccessful; whether enemas or suppositories were used)

b) Was training made difficult for any physical reasons, such as constipation, diarrhea, etc.?

c) What were your child's reactions and attitudes toward toilet training? Any crying or struggles?

c) Once control was established, were there any relapses? If so, under what circumstances and at what ages?

d) Does your child have any toilet accidents at this time? Describe:

Problems and concerns

If applicable, what were your and your child's reactions to:
Thumb-sucking:

Masturbation:

Nail-biting:

Have any of these areas been of concern to you? (Check those that apply and star those of current concern)

___ Overly dependent
___ Unusual fears or phobias
___ Restless, trouble sitting still
___ Difficulty paying attention
___ Upset with change
___ Restricted, repetitive interests
___ Lack of social skills
___ Avoidance of certain textures
___ Fear of movement (spinning, swinging)
___ Difficulty distinguishing left/right
___ Difficulty with spelling & reading
___ Difficulty with writing or coloring
___ Difficulty understanding what is said
___ Difficulty expressing what s/he wants to say
___ Fire-setting
___ Bullying, threatening others
___ Stealing
___ Destroying property
___ Often angry and resentful
___ Lost in fantasy, daydreaming
___ Drug use
___ Nightmares
___ Self-injurious behavior
___ Other_____________________________
___ Shy
___ Overly anxious
___ Awkward, clumsy
___ Impulsive
___ Restricted, repetitive motor mannerisms
___ Lack of make-believe play
___ Idiosyncratic way of speaking
___ Trouble with balance
___ Overly sensitive to sounds
___ Reversal of letters
___ Difficulty with math
___ Difficulty manipulating small objects
___ Difficulty following directions
___ Cruelty to animals
___ Oppositional, defiant behaviors
___ Getting into fights
___ Lying
___ Running away from home
___ Often blaming of others or circumstances
___ Preoccupation with violence
___ Sexual acting out
___ Depression
___ Eating disorder
___ Other____________________________

For items checked, please describe in more detail (when began, duration, what was done, what helped):

Did your child have any frightening experiences? Describe:

Describe your child's strengths with regards to abilities, behaviors, etc.:

Discipline

What methods (e.g., spanking, time-outs, ignoring, withholding of privileges, withholding of approval and affection) did you use in disciplining your child and how did s/he respond--
During preschool years?

During elementary school years?

During middle school years?

During high school years?

What were major areas that required discipline?

Who usually applied the discipline?

What were major differences, if any, between the parents in their methods of parenting and discipline?

What were major differences between the parents and their relatives in methods of parenting and discipline?

Attachment

During early years of the child's life, was either parent frequently away or out of the home?

During early years of the child's life, estimate what percent of time spent on parenting was spent by:
____% Mother _____% Father _____% Together _____% Other person ____________________

Does the child have a closer attachment to one parent than the other? If so, describe how this is shown. Were there any changes in his/her attachments? If so, describe and tell when they occurred:

Did the child strongly attach to any other people? Describe when and whom:

Does your child prefer playing with children who are ___ his/her own age ___ older ___ younger
___ with one or two friends ___ many friends?

Has your child ever had difficulties in making and keeping friendships? Describe:

Did your child ever lose anyone with whom s/he was close?

How would you describe your child's personality? (circle those that apply) Happy/sad, optimistic/pessimistic, outgoing/introverted, calm/highstrung, flexible/stubborn, leader/follower, underachiever/overachiever, lackadaisical/perfectionist.

Siblings

How was your child prepared for the birth of his/her siblings?

How did s/he respond to the birth of siblings?

Does s/he show any marked preferences or dislikes for his/her siblings? Describe how these are expressed.

Education

Child's academic strengths:

Child's academic weaknesses:

Behavior problems at school:

Extracurricular activities:

Grades: ___ above average ___ average ___ below average
Ability: ___ above average ___ average ___ below average
Attendance: ___usually present ___ often excused absences ___ truant
Relations with peers: ___excellent ___usually gets along ___ problems___________________________
Relations with teachers: ___excellent ___ usually gets along ___problems_________________________

Do you feel that schools have adequately dealt with your child's problems? Explain:

Has your child received any special help in the schools (tutoring, special ed, therapy, etc.)? Describe when, whom, what:

Has your child repeated or skipped any grades?

Health

List major illnesses that your child has had.

Illness	Age	Treatment given (incl. Surgery)	Reactions/after effects

Does your child have any physical disabilities? Describe:

Has your child ever experienced anesthesia?

What has your child's attitude and reaction been towards doctors and dentists?

Has your child ever had an accident causing physical harm? Describe:

Is your child currently on any medication? What kind? For what? Who prescribed?

Was the child prepared for menstruation (girls) or nocturnal emission (boys)? At what age? Describe child's response to onset of these if applicable.

Please give a brief explanation of any significant medical, mental health, and learning problems in the immediate and extended family.

Spirituality

Describe religious/spiritual practices of your family, if any:

Significant Events

Have any of the following occurred in your family?

Mo/Year	Event	Please Describe
	Move to a new place	
	Change of school for child	
	Separation from parent	
	Serious illness or injury in family	
	Death in family	
	Change in living arrangements	
	Change in family’s finances	
	Promotion of parent at work	
	Loss of parental job	
	Change of parental job	
	Parent began work outside home	
	Divorce or marital separation	
	Legal problems	
	Emotional problems in parent	
	Other (specify):	

For significant events listed, what were your child’s reactions?