



CHILD DEVELOPMENTAL HISTORY

Child's Full Name: _____ Date of Birth: _____

Please rank areas of concern regarding your child's problems:
(1 = most concern 6 = least concern)

_____ Behavioral _____ Academic
_____ Emotional _____ Social
_____ Attentional
_____ Others (briefly describe)

Block I

Rate the following problems:
(0 = none, 1 = some, 2 = very much, NS = not sure)

- _____ Loses things needed for tasks and activities
- _____ Difficulties sustaining attention
- _____ Poor attention to details; makes careless mistakes
- _____ Easily distracted by external stimuli
- _____ Difficulties organizing work
- _____ Does not seem to listen when spoken to directly
- _____ Often leaves work unfinished
- _____ Avoids tasks or activities that require sustained concentration

- _____ Often interrupts or intrudes on others
- _____ Difficulties waiting his or her turn
- _____ Often blurts out answers to questions
- _____ Often fidgets or squirms in seat
- _____ Has difficulties remaining seated
- _____ Often "on the go," as if "driven by the motor"
- _____ Runs and climbs excessively

- _____ Takes risks and is reckless
- _____ Perfectionist and works slow
- _____ Prefers sameness; resists changing activities
- _____ Often preoccupied with own thoughts
- _____ Shy and socially withdrawn
- _____ Unusually sensitive to strong stimuli (sudden or loud noises, bright light, itchy clothes, etc.)
- _____ After outbursts, takes a long time to calm down
- _____ Extremely stubborn
- _____ Often daydreams and stares blankly
- _____ Clumsy and uncoordinated

Per the Health Insurance Portability and Accountability Act (HIPAA) this information is strictly confidential.



Block II

Rate the following problems:

(0 = none, 1 = some, 2 = very much, NS = not sure)

Also indicate (M = mom, D = dad, S = school)

- _____ Often loses temper (M, D, S)
- _____ Often argues with adults (M, D, S)
- _____ Often actively defies & refuses rules (M, D, S)
- _____ Often deliberately annoys siblings or others
- _____ Often blames others for his or her mistakes
- _____ Is often angry; screams a lot
- _____ Is spiteful and vindictive
- _____ Easily frustrated; gets angry
- _____ Feelings are easily hurt
- _____ Temper outbursts; explosive behavior
- _____ Gives up easily

Block III

Answer: Y = yes, N = no, NS = not sure

- _____ Has set fire with the intent to cause damage
- _____ Has deliberately vandalized others' property
- _____ Committed an illegal act; was arrested
- _____ Often lies to obtain goods and favors ('cons')
- _____ Has stolen items of nontrivial value
- _____ Often stayed out despite parental prohibition
- _____ Often truant from school
- _____ Often bullies, threatens, or intimidates others
- _____ Often gets into physical fights; has used a weapon
- _____ Has been physically cruel to people or animals
- _____ Smoked regularly; used alcohol or drugs

Block IV

Tics are involuntary, rapid, sudden, repetitive movements or vocalizations

Rate the following problems:

(0 = none, 1 = some, 2 = very much, NS = not sure)

- | | |
|--|---------------------|
| _____ Eye blinking | _____ Clears throat |
| _____ Facial movements | _____ Grunts |
| _____ Head jerking | _____ Snorts |
| _____ Hums and makes odd noises | |
| _____ Picks nose, skin, or other parts of the body | |
| _____ Bites fingernails | _____ Sucks thumb |
| _____ Cracks knuckles | _____ Grinds teeth |
| _____ Chews on clothes | _____ Picks skin |

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Block V

*Obsessions are recurrent and intrusive thoughts, feelings, ideas or sensations.
Compulsions are recurrent behaviors such as counting, checking, and avoiding.*

Rate the following problems:

(0 = none, 1 = some, 2 = very much, NS = not sure)

_____ Cannot get mind off certain thoughts (*Please describe*)

_____ Fears he/she might think or do something bad

_____ Overconforms to rules

_____ Repeats certain acts over and over (*Please describe*)

_____ Stores up things he/she doesn't need (*Please describe*)

_____ Too concerned with order and neatness

_____ Has lucky/unlucky numbers, colors, words, etc.

Block VI

Rate the following problems:

(0 = none, 1 = some, 2 = very much, NS = not sure)

_____ Always worries

_____ Worries excessively what others are thinking of him/her (self-conscious)

_____ Has panic attacks

_____ Is shy and timid

_____ Has specific fears (dark, animals, bees, etc.)

_____ Is always tense; needs lots of reassurance

_____ Clings to adults; too dependent

_____ Has nervous stomachaches and headaches

_____ Has a history of separation problems

_____ Anxious to please

_____ Afraid of making mistakes



Block VII

Rate the following problems:

(0 = none, 1 = some, 2 = very much, NS = not sure)

_____ Does your child ever feel really down or sad and cannot have fun no matter what?

How often? How many days does it last?

When unhappy your child:

- _____ Was very irritable
- _____ Had weight loss or weight gain
- _____ Took longer to go to sleep; woke up often/early
- _____ Had excessive sleepiness and felt tired
- _____ Had low energy; fatigue
- _____ Stopped seeing friends
- _____ Dropped any activities he/she liked a lot before
- _____ Had difficulty making decisions
- _____ Had a feeling it would never get better
- _____ Cried a lot
- _____ Verbally threatened to kill self
- _____ Deliberately harmed self

Block VIII

How do you describe your child's self-esteem? *Please circle one answer:*

High Low Average

Rate the following problems:

(0 = none, 1 = some, 2 = very much, NS = not sure)

Your child:

- _____ Feels worthless; inferior (e.g. I am stupid)
- _____ Is too hard on self
- _____ Feels guilty (e.g. It's all my fault)
- _____ Felt he/she would be better off dead
- _____ Acts like a class clown



Block IX

Rate the following problems:

(0 = none, 1 = some, 2 = very much, NS = not sure)

Can you describe distinct periods when:

- _____ Because unusually excited, he/she talked so much and so fast that the family became worried
- _____ Mood was so high he/she couldn't sleep at night
- _____ He/she had unusual amounts of energy
- _____ He/she was bragging or boasting of being better than others
- _____ He/she slept less but did not feel tired
- _____ He/she had uncontrollable rages
- _____ Young child's tantrums lasted more than 30 min
- _____ Early interest and preoccupation with sex
- _____ He/she was bullying siblings or others
- _____ Drastic mood changes throughout the course of a day

Block X

Rate the following problems:

(0 = none, 1 = some, 2 = very much, NS = not sure)

- _____ Has or had an imaginary friend
- _____ Strange behaviors (describe)

- _____ Strange ideas (describe)

- _____ Hears voices other people can't hear
- _____ Sees things that aren't there
- _____ Feels others are out to get him/her
- _____ Has unusual feelings (e.g. Believes they have special powers)
- _____ Believes there are special messages on the TV
- _____ Believes someone controls his/her mind
- _____ Believes he/she can read minds; hear one's thinking
- _____ Believes he/she can magically put & take away thoughts



Block XI

Did your child wet the bed? *Please circle one answer.* Yes No
Does he/she wet the bed now? *Please circle one answer.* Yes No
Does your child soil underwear? *Please circle one answer.* Yes No

Rate the following problems:

(0 = none, 1 = some, 2 = very much, NS = not sure)

_____ Problems going to bed, sleeping in his/her bed
_____ Wakes up in the middle of the night
_____ Night terrors; sleepwalking or talking

Does his/her appetite and/or weight fluctuate from month to month? *Please circle one answer.*
 Yes No

Does he/she diet? *Please circle one answer.* Yes No

Does he/she binge or purge? *Please circle one answer.* Yes No

Does your child behave like opposite sex? *Please circle one answer.* Yes No
If so, please describe.

Have you suspected drug or alcohol use? *Please circle one answer.* Yes No

Block XII

Answer: Y = yes, N = no, NS = not sure

_____ Has no interest in friends or others
_____ Deliberately hurts him/herself
_____ Has stereotyped and repetitive movements
_____ Treats people as inanimate objects
_____ Does not seem to understand others' feelings
_____ More interested in things rather than people
_____ Preoccupied with details



Block XIII

Answer: Y = yes, N = No, NS = not sure

- Does your child get along with other children?
- Makes friends easily, but cannot keep them
- Refuses group activities; prefers to play alone
- Prefers younger or older kids
- Disliked by children; gets teased a lot
- Aggressive; fights, hits, and punches
- Interrupts, acts bossy, or tells others what to do
- Teases and calls names

Please describe any other concerns that you have about your child.