REISS-DAVIS CHILD STUDY CENTER

FAMILY AND DEVELOPMENTAL QUESTIONNAIRE

CHILD'S NAME_____AGE____ BIRTHDATE _____SEX _____

I. FAMILY HISTORY

Mother's Name _____Age_____ Birthdate_____

Any significant medical problems? Yes___ No____

If yes, please describe:_____

_____

_____

Any serious illnesses, accidents or surgeries in the past?_____

_____

_____

Any psychiatric treatment or counseling? Yes____ No____

_____

_____

Any close relatives with alcohol/ drug problems or mental illness? Yes ___ No____

Father's Name_____ Age_____ Birthdate_____

Any significant medical problems? Yes___ No____

If yes, please describe: _____

_____

_____

Any serious illnesses, accidents or surgeries in the past?_____

_____

_____

Any psychiatric treatment or counseling? Yes ___ No

_____

_____

Any close relatives with alcohol/ drug problems or mental illness? Yes___ No___

_____

_____

Stepparent or guardian name:_____ Age_____

Relationship _____ _____Occupation_____

Place of employment_____ Education_____

Number of marriages_____

Any significant medical problems? Yes____ No____

If yes, please describe_____

_____

_____

Any serious illness, accidents or surgeries in the past?_____

_____

_____

Any psychiatric treatment or counseling? Yes___ No ___

_____

_____

Marital Status of parents

currently together____ Separated ___ Divorced ____ Widowed ____ Single ____

Date of present marriage _____

Date of separation_____ or Divorce_____

Who has legal custody?_____

If child is not with natural parents, when and why did separation occur? _____

_____

_____

II. SCHOOL AND AGENCY INFORMATION

Did child attend pre-school? Yes____ No____ Beginning at what age ? _____

were there any problems? Yes____ No____ Describe: _____

_____

_____

Name of current teacher _____

Does child have behavior problems now in school? Describe: _____

_____

_____

Does the child have learning problems in school? Describe: _____

_____

_____

If the child had ever been kept back or put ahead in school, please explain: _____

_____

_____

If the child has been in special classes, what were the reasons? _____

_____

_____

Since what age?_____

If the child has ever been excluded from school, explain when and why? _____

_____

_____

If the child is on probation, who is the probation officer (name and phone) :_____

_____

_____

Are any other agencies involved with the family (DPSS, Child Welfare, etc.): _____

_____

_____

III MEDICAL HISTORY OF THE CHILD

Has the child ever had any serious illness, accidents, or operations? _____

Please describe each incident and specify child's age (include any present illnesses) :_____

_____

_____

_____

_____

Doctor's name _____

Address_____

Phone Number _____ Date of last physical _____

Currently on medication? Yes ___ No___ If yes, what? _____

_____

_____

Has the child ever had psychiatric treatment? Yes ___ No___

If yes, please give details:

_____

_____

IV HISTORY OF CHILD'S PROBLEM

A. In your own words describe the child's present problems or condition as you see it:_____

_____

_____

B. What methods were used in trying to help with these difficulties? Describe:_____

_____

_____

_____

C. In what way do you think we can help you?_____

_____

_____

_____

V. CHILD'S DEVELOPMENTAL HISTORY

A. PERIOD DURING PREGNANCY

Was the child planned? _____ Sex preference_____

How did mother feel about having the child? _____

Did the mother have medical or emotional problems during pregnancy (for example: convulsion, hemorrhages, infection, unusual nervousness): _____

_____

_____

_____

_____

How did father feel about having this child? _____ Sex preference_____

Did the mother work during pregnancy? _____ How long? _____

B. DETAILS OF DELIVERY, QUESTIONS ABOUT LABOR

Were there any complications of labor and delivery? Please describe: _____

_____

_____

_____

_____

Did the mother have any "blues" after baby's birth? _____

C. POSTNATAL

Weight of baby at birth? _____ Was the baby full term (9 moths)?

yes____ No____

Were there any complications after the baby was born (for example, difficulty breathing, baby cyanotic (blue), R.H. Factor, baby jaundice)? _____

_____

Did the mother have any help in home after delivery? yes___ no ____

If yes, how long? _____

During the baby's first year of life, was there anything (even if it had nothing to do with the baby) that caused unhappiness or anxiety or that placed her under special strain ? Describe: _____

_____

_____

After baby's birth, how soon did mother return to work? _____

If mother was working, who had primary caretaking responsibility?_____

Was the child ever separated from both parents? Yes___ No ___

One parent? Yes ___ No ___

Describe the circumstances (reasons, child's age at time, and how long?):_____

_____
_____
_____

Did the father take an active part in the baby's care (such as changing diapers, bathing feeding, etc.)? yes__ No__

D. FEEDING

Breast-fed____ How long_____ bottle-fed_____ How Long_____

Were there any feeding problems (colic diarrhea, or food allergies)? If so explain: _____

_____
_____
_____

When was the child weaned? _____ Why did the weaning occur at that time? _____

_____
How was child's discomfort handled? _____

Any thumb- sucking? _____ Describe: _____

_____

E. SLEEPING PATTERNS

1. were there sleeping problems?_____ Describe_____

_____

_____

2. Has the child ever slept with the parents? Yes ___ No ___

Describe circumstances: _____

3. Present sleeping arrangements: _____

_____

F. MOTOR DEVELOPMENT

Was your child ever too active or too quiet: _____ Please describe: _____

_____

At what age did your child start: Sitting____ Standing _____ Walking _____

Who took primary responsibility for toilet training? _____

At what age was bowel training begun? _____ Completed _____

Method used_____

_____

At what age was bladder training begun? _____ Completed for day? _____ Completed for night? _____

Method used?_____

_____

Was your child's toilet training ever a problem?_____

Describe how? _____

_____

Is this a problem at present? _____ Describe: _____

_____

Is the child primarily right - handed? _____ Left- handed?_____

G. SPEECH DEVELOPMENT

At what age did child first begin to speak in short sentences? _____

If there have been any of the following speech difficulties, please check:

Does not talk_____ Lisping_____

Delayed speech_____ Repeating syllables _____

Mispronouncing words_____ Stuttering _____

Other, describe: _____

_____

Has the child ever had any speech therapy? _____

H. SEXUAL DEVELOPMENT

Has the child expressed curiosity about any sexual matters to a parent? _____

About what?_____

Has the child been given information by a parent in any of the following areas?

If yes , please check:

the difference between boys and girls_____

Birth control_____ Menstruation_____

How a woman becomes pregnant_____ Wet dreams_____

How the baby develops and is born_____ Intercourse_____

Masturbation_____

Other concerns of the parent: _____

_____

I. PEERS AND INTEREST

Does your child have any difficulty making friends? _____

Describe: _____

_____

Does your child make friends primarily with children his or her own age? _____

Children younger? _____ Older children ? _____ Adults ? _____

Describe any special interests or hobbies: _____

_____

J. Do you have any questions, comments on the questionnaire, or additional information? _____

_____

_____

Best days and time for clinic appointments:

_____

Who is living in the child's home? Names and ages:_____

_____

_____

Are there family members living outside the home? Names and ages: _____

_____

_____