

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 months)?

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 _____ Lispering _____

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: _____

