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DEVELOPMENTAL FACTORS QUESTIONNAIRE

Date Completed _____
Parent/Guardian _____
Child's Name _____
Gender _____
Date of Birth _____

A. Prenatal history

1. How was your health during pregnancy?

Good ☐
Fair ☐
Poor ☐
Don't know = DK ☐

2. How old were you when your child was born? _____

Do you recall using of the following substances or medications during your pregnancy?

3. Beer or wine

Never ☐
Once or twice ☐
3-9 times ☐
10-19 times ☐
20-39 times ☐
40+ times ☐

4. Hard liquor

Never ☐
Once or twice ☐
3-9 times ☐
10-19 times ☐
20-39 times ☐
40+ times ☐

5. Coffee (or other caffeine/cola drinks, etc
Taken together - how many times?

Never ☐
Once or twice ☐
3-9 times ☐
10-19 times ☐
20-39 times ☐
40+ times ☐

6. Cigarettes

Never ☐
Once or twice ☐
3-9 times ☐
10-19 times ☐
20-39 times ☐
40+ times ☐

7. Were you prescribed any of the following medications?

Valium (Librium, Xanax) ☐
Tranquilizers ☐
Antiseizure medications (e.g., Depakote) ☐
Treatment for diabetes ☐
Antibiotics (for viral infections) ☐
Sleeping pills ☐

Other: _____
_____

B. Perinatal History

8. Did you have toxemia or eclampsia?

Yes ☐
No ☐
DK ☐

9. Was there Rh factor incompatibility?

Yes ☐
No ☐
DK ☐

10. Was your child born on schedule?

8 mos. or earlier ☐
Term 8-10 mos. ☐
10 mos. ☐
DK ☐

11. What was the duration of labor?

Under 6 hrs. ☐
7-12 hrs. ☐
13-18 hrs. ☐
19-24 hrs. ☐
Over 24 hrs. ☐
DK ☐

12. Were you given any drugs to ease the pain during labor? Yes ☐ No ☐ DK ☐
Specify: _____

13. Were there indications of fetal distress during labor or during birth? Yes ☐ No ☐ DK ☐
If yes, describe: _____

14. Was delivery:

Normal Yes ☐ No ☐
Breech Yes ☐ No ☐
Caesarian Yes ☐ No ☐
Forceps Yes ☐ No ☐
Induced Yes ☐ No ☐

15. What was your child's birth weight? _____

16. Were there any health complications following birth? Yes ☐ No ☐
If yes, specify: _____

C. Postnatal Period and Infancy

17. Was your child breast or bottle fed? _____

17a. Were there early infancy feeding problems / food allergies? Yes ☐ No ☐
If yes, describe: _____

18. Was your child colicky? Yes ☐ No ☐
If yes, describe: _____

19. Were there early infancy sleep pattern difficulties? Yes ☐ No ☐
If yes, describe: _____

20. Were there problems with your infant's responsiveness (alertness)? Yes ☐ No ☐

21. Did your child experience any health problems during infancy? Yes ☐ No ☐
If yes, describe: _____

22. Did your child have any congenital problems? Yes ☐ No ☐
If yes, describe: _____

23. How would you describe your baby?
(For example, cry a lot? Follow a schedule fairly well?)
Very easy ☐
Easy ☐
Average ☐
Difficult ☐
Very difficult ☐

Describe your child's temperament: _____

24. As a baby, how did your child behave with other people?
More sociable than average ☐
Average sociability ☐
More unsociable than average ☐

25. When your child wanted something, how insistent was he/she?
Very insistent ☐
Pretty insistent ☐
Average ☐
Not very insistent ☐
Not at all insistent ☐

26. How would you rate the activity level of your child as an infant/toddler?

- Very active ☐
- Active ☐
- Average ☐
- Less active ☐
- Not active ☐

D. Developmental Milestones

27. At what age did your child sit up?

- 3-6 mos. ☐
- 7-12 mos. ☐
- Over 12 mos. ☐
- DK ☐

28. At what age did your child crawl?

- 6-12 mos. ☐
- 13-18 mos. ☐
- Over 18 mos. ☐
- DK ☐

29. At what age did your child walk?

- Under 1 year ☐
- 1-2 years ☐
- 2-3 years ☐
- DK ☐

30. At what age did your child speak single words (other than "mama" or "dada")?

- 9-13 mos. ☐
- 14-18 mos. ☐
- 19-24 mos. ☐
- 25-36 mos. ☐
- 37-48 mos. ☐
- DK ☐

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

- 9-13 mos. ☐
- 14-18 mos. ☐
- 19-24 mos. ☐
- 25-36 mos. ☐
- 37-48 mos. ☐
- DK ☐

32. At what age was your child toilet trained? (Bladder control) _____

33. At what age was your child toilet trained? (Bowel control) _____

34. Approximately how much time did toilet training take from onset to completion?

- Less than 1 month ☐
- 1-2 mos. ☐
- 2-3 mos. ☐
- More than 3 mos. ☐

II. Medical History

35. How would you describe your child's health?
- Very good ☐
- Good ☐
- Fair ☐
- Poor ☐
- Very poor ☐

36. How is your child's hearing?
- Good ☐
- Fair ☐
- Poor ☐

37. How is your child's vision?
- Good ☐
- Fair ☐
- Poor ☐

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

39. How is your child's fine motor coordination?
- Good ☐
- Fair ☐
- Poor ☐

40. How is your child's speech articulation?
- Good ☐
- Fair ☐
- Poor ☐

41. Has your child had any chronic health problems (e.g., asthma, diabetes, heart condition)
- Yes ☐
- No ☐

If yes, specify:

42. When was the onset of chronic illness?

- Birth ☐
- 0-1 year ☐
- 1-2 years ☐
- 2-3 years ☐
- 3-4 years ☐
- Over 4 years ☐

43. Which of the following illnesses has your child had?

- Mumps ☐
- Chicken Pox ☐
- Measles ☐
- Whooping Cough ☐
- Scarlet Fever ☐
- Pneumonia ☐
- Encephalitis ☐
- Otitis media (ear infections) ☐
- Lead poisoning ☐
- Seizures ☐

Other: _____

44. Has your child had any accidents resulting in the following?

- Broken bones ☐
- Severe lacerations ☐
- Head injury ☐
- Severe bruises ☐
- Stomach pumped ☐
- Eye injury ☐
- Lost teeth ☐
- Sutures ☐

Other: _____

45. How many accidents?

- One ☐
- 2-3 ☐
- 4-7 ☐
- 8-12 ☐
- Over 12 ☐

Describe: _____

46. Has your child ever had surgery for any of the following?

- Tonsillitis ☐
- Adenoids ☐
- Hernia ☐
- Appendicitis ☐
- Eye, ear, nose & throat ☐
- Digestive disorder ☐
- Urinary tract ☐
- Leg or arm ☐
- Burns ☐

If other, describe: _____

47. How many times and at what age?

- Once ☐
- Twice ☐
- 3-5 times ☐
- 6-8 times ☐
- Over 8 times ☐

48. Any hospitalizations, for what and when?

Duration:
- One day ☐
- One day + night ☐
- 2-3 days ☐
- 4-6 days ☐
- 1-4 weeks ☐
- 1-2 months ☐
- Over 2 months ☐

49. Is there any suspicion of alcohol or drug abuse?

- Yes ☐
- No ☐
- DK ☐

50. Is there any history of physical/sexual abuse?

- Yes ☐
- No ☐
- DK ☐

51. Does your child have any problems sleeping?

- None ☐
- Difficulty falling asleep ☐
- Sleep continuity disturbance ☐
- Early morning awakening ☐

52. Is your child a restless sleeper?

- Yes ☐
- No ☐
- DK ☐

53. Does your child have bladder control problems at night? Yes ☐ No ☐

If yes, how often? _____

If yes, was your child ever continent during the night Yes ☐ No ☐

If yes, how often? _____
If yes, was your child ever continent? _____

54. Does your child have bowel control problems at night? Yes ☐ No ☐

If yes, how often? _____

If yes, was your child ever continent during the day? Yes ☐ No ☐

If yes, how often _____
If yes, was your child ever continent? _____

55. Does your child have any appetite control problems? Overeats ☐ Average ☐ Undereats ☐

III. Treatment History

56. Has your child ever been prescribed medications? Yes ☐ No ☐

If yes, describe: _____

_____

_____

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

Individual psychotherapy	☐	Duration of treatment	_____
Group psychotherapy	☐	Duration of treatment	_____
Family therapy with child	☐	Duration of treatment	_____
Inpatient evaluation/Rx	☐	Duration of inpt. treatment	_____
Residential treatment	☐	Duration of placement	

Other:

_____

_____

_____

_____

IV. School History

Please summarize your child's progress (e.g., academic, social, emotional) within each of these grade levels:

Preschool

Kindergarten

Grades 1-3

Grades 4-6

Grades 7-12

58. Has your child ever had any special education? If yes, how long?

Learning disabilities class	☐	Duration _____
Behavioral/emotional disorders class	☐	Duration _____
Resource room	☐	Duration _____
Speech & language therapy	☐	Duration _____
Occupational therapy	☐	Duration _____
Physical therapy	☐	Duration _____

58a. Has your child ever had any formal testing? If yes, indicate dates:

_____

_____

59. Has your child ever been

Suspended from school	☐	Number of suspensions _____
Expelled from school	☐	Number of expulsions _____
Retained in grade	☐	Number of retentions _____

60. Have any additional instructional modifications been attempted?

None	☐
Behavior modification program	☐
Daily/weekly report card	☐

Other, please specify: _____

_____

_____

_____

V. Social History

61. How does your child get along with his/her brother(s)/sister(s)?

No siblings	☐
Better than average	☐
Average	☐
Worse than average	☐

62. How easily does your child make friends?

Easier than average	☐
Average	☐
Worse than average	☐
DK	☐

63. On the average, how long does your child keep friendships?

- Less than 6 mos. ☐
- 6 mos. – 1 year ☐
- More than 1 year ☐
- DK ☐

VI. Current Behavioral Concerns

Primary concerns:

Other (related) concerns:

64. What strategies have been implemented to address these problems (Check all that have been successful)

- Verbal reprimands ☐
- Time out (isolation) ☐
- Removal of privileges ☐
- Rewards ☐
- Physical punishment ☐
- Acquiescence to child ☐
- Avoidance of child ☐

65. On the average, what percentage of the time does your child comply with initial commands?

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

66. On the average, what percentage of the time does your child eventually comply with commands?

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

67. To what extent are you and your spouse consistent with respect to disciplinary strategies?

- Most of the time ☐
- Some of the time ☐
- None of the time ☐
- Single parent ☐

68. Have any of the following stress events occurred within the past 12 months?

- Parents divorced or separated ☐
- Family accident or illness ☐
- Death in family ☐
- Parent changed job ☐
- Changed schools ☐
- Family moved ☐
- Family financial problems ☐

Other, please specify: _____

VII. Symptom Checklist

69. Which of the following are considered to be a significant problem at present?

- [ ] Fidgets
- [ ] Difficulty remaining seated
- [ ] Easily distracted
- [ ] Difficulty awaiting turn
- [ ] Often blurts out answers to questions before they have been completed
- [ ] Difficulty following instructions
- [ ] Difficulty sustaining attention
- [ ] Shifts from one activity to another
- [ ] Difficulty playing quietly
- [ ] Often talks excessively
- [ ] Often interrupts or intrudes on others
- [ ] Often does not listen
- [ ] Often loses things
- [ ] Often engages in physically dangerous activities

70. When did these problems begin? (specify age) _____

71. Which of the following are considered to be a significant problem at present?

- [ ] Often loses temper
- [ ] Often argues with adults
- [ ] Often actively defies or refuses adult requests or rules
- [ ] Often deliberately does things that annoy other people
- [ ] Often blames others for own mistakes
- [ ] Is often touchy or easily annoyed by others
- [ ] Is often angry or resentful
- [ ] Is often spiteful or vindictive
- [ ] Often swears or uses obscene language

72. When did these problems begin? (specify age) _____

73. Which of the following are considered to be a significant problem at present?

- [ ] Stolen without confrontation
- [ ] Ran away from home overnight at least twice
- [ ] Lies often
- [ ] Deliberate fire-setting
- [ ] Often truant
- [ ] Breaking and entering
- [ ] Destroyed others' property
- [ ] Cruel to animals
- [ ] Forced someone else into sexual activity
- [ ] Used a weapon in a fight
- [ ] Often initiates physical fights
- [ ] Stolen with confrontation
- [ ] Physically cruel to people

74. When did these problems begin? (specify age) _____

75. Which of the following are considered to be a significant problem at present?

- ☐ Unrealistic and persistent worry about possible harm to attachment figures
- ☐ Unrealistic and persistent worry that a calamitous event will separate the child from attachment figure
- ☐ Persistent school refusal
- ☐ Persistent refusal to sleep alone
- ☐ Persistent avoidance of being alone
- ☐ Repeated nightmares re: separation
- ☐ Somatic complaints
- ☐ Excessive distress in anticipation of separation from attachment figure
- ☐ Excessive distress when separated from home or attachment figure

76. When did these problems begin? (specify age) _____

77. Which of the following are considered to be a significant problem at present?

- ☐ Unrealistic worry about future events
- ☐ Unrealistic concern about appropriateness of past behavior
- ☐ Unrealistic concern about competence
- ☐ Somatic complaints
- ☐ Marked self-consciousness
- ☐ Marked inability to relax

78. When did these problems begin? (specify age) _____

79. Which of the following are considered to be a significant problem at present?

- ☐ Depressed or irritable mood most of the day, nearly every day
- ☐ Diminished pleasure in activities
- ☐ Decrease or increase in appetite associated with possible failure to make weight gain
- ☐ Insomnia or hypersomnia nearly every day
- ☐ Psychomotor agitation or retardation
- ☐ Fatigue or loss of energy
- ☐ Feelings of worthlessness or excessive inappropriate guilt
- ☐ Diminished ability to concentrate
- ☐ Suicidal ideation or attempt

80. When did these problems begin? (specify age) _____

81. Which of the following are considered to be a significant problem at present?

Depressed or irritable mood most of the day x 1 year ☐
Poor appetite or overeating ☐
Insomnia or hypersomnia ☐
Low energy or fatigue ☐
Low self-esteem ☐
Poor concentration or difficulty making decisions ☐
Feelings of hopelessness ☐
Never without symptoms for more than 2 months over a 1 year period ☐

82. When did these problems being? (specify age) _____

VIII. Other Concerns

83. Which of the following are considered to be a significant problem at present?

Compulsion = repetitive behaviors
(e.g., hand washing, ordering, checking, counting, repeating words silently) ☐
Obsessions = recurrent or persistent thoughts
(e.g., impulses or images that cause marked anxiety or distress) ☐

84. Which of the following are considered to be a significant problem at present?

Compulsions ☐
Obsessions ☐

85. When did these problems (above) begin?

Specify age _____

86. Has your child exhibited of the symptoms below?

Stereotyped mannerisms ☐
Odd postures ☐
Excessive reaction to noise or fails to react to loud noises ☐
Overreacts to touch ☐
Compulsive rituals ☐
Motor tics ☐
Vocal tics ☐

84. Has your child exhibited any of the symptoms of thought disturbance (including any of the following)?

Loose thinking (e.g., tangential ideas, circumstantial speech) ☐
Bizarre ideas (e.g., odd fascinations, delusions, hallucinations) ☐
Disoriented, confused, staring or "spacy" ☐
Incoherent speech (mumbles, jargon) ☐

85. Has your child exhibited any of the symptoms of affective disturbance (including any of the following)?

Excessive lability w/o reference to environment ☐
Explosive temper with minimal provocation ☐
Excessive clinging, attachment or dependence on adults ☐
Unusual fears ☐
Strange aversions ☐
Panic attacks ☐
Excessively constricted or bland effect ☐
Situationally inappropriate emotions ☐

86. Has your child exhibited any symptoms of social conduct disturbance (including any the following)?

Little or no interest in peers ☐
Significantly indiscreet remarks ☐
Initiates or terminates interactions inappropriately ☐
Qualitatively abnormal social behavior ☐
Excessive reaction to changes in routine ☐
Self-mutilation ☐

IX. Family History

87. How long have you and the child's father/mother been married?

Married for _____ years ☐
Never were married ☐
Separated ☐
Divorced ☐
Widowed ☐
Child was the product of 1st marriage ☐
Child was the product of 2nd marriage ☐
Child was the product of _____ marriage ☐

88. How stable is your current marriage?

Stable ☐ Unstable ☐

Additional: _____