



Sanctuary for Healing and Integration, PLLC (SHIN)

Child & Adolescent and Adult Psychiatry

860 East 4500 South, Suite 302

Salt Lake City, UT 84107

DEVELOPMENTAL QUESTIONNAIRE

Patient's Name: _____ Date: _____

Name of Person Completing Form: _____

Relationship to Patient: _____

INSTRUCTIONS: Please either circle the appropriate answer or fill in the blanks.

Thank you very much for your time and help!

ADOPTION

Is this child adopted? YES / NO (If NO, proceed to PREGNANCY section)

How old was the child at the time of the adoption? _____

Is the child aware of the adoption? YES / NO

If yes, how did the child find out? _____

_____ At what age? _____

Has the child expressed interest in knowing about his/her biological parents/family?

YES / NO

PREGNANCY

How many pregnancies has the mother had prior to this pregnancy? _____

Was this child planned? YES / NO By mother / father / both

Was this child wanted? YES / NO By mother / father / both

At the time, was there a preference by one or both parents as to the sex of this child? YES / NO

If yes, was that preference the same sex as the child's? YES / NO

Was this pregnancy complicated by:

Excessive weight gain? YES / NO

Weight loss? YES / NO

Excessive nausea and/or vomiting for more than 3 months? YES / NO

Spotting or light bleeding? YES / NO

Heavy bleeding requiring bed rest/special treatment? YES / NO

Illness of any kind, such as:

Infection (example: kidney infection) requiring medical care? YES / NO

High blood pressure and/or excessive fluids in the body? YES / NO

Convulsions (not epilepsy present before the pregnancy)? YES / NO

Accidents requiring medical care? YES / NO

Did the mother take any medications during this pregnancy (don't count vitamins, calcium or iron)? YES / NO

If yes, list: _____

Did the mother use tobacco products during this pregnancy? YES / NO

Did the mother drink alcoholic beverages on a regular basis during this pregnancy? YES / NO

Did the mother use any drugs not prescribed by a doctor? YES / NO

If yes, list: _____

Were there any serious family problems which were upsetting to the mother during this pregnancy? YES / NO

If yes, describe: _____

DELIVERY / BIRTH

Length of pregnancy: Premature _____ weeks early
 Full term (40 weeks)
 Post date _____ weeks late

Was the labor induced? YES / NO

Did labor last longer than 24 hours? YES / NO

Was the baby born breech? YES / NO

Were forceps used? YES / NO

If yes, was the baby injured by the forceps? YES / NO

If yes, describe injury: _____

Was delivery through cesarean section? YES / NO

If yes, was it planned? YES / NO

Did the mother have any other difficulty at birth? YES / NO

If yes, describe: _____

Was the father present in the labor room? YES / NO

Was the father present in the delivery room? YES / NO

Was the baby healthy at birth? YES / NO If yes, APGAR scores: _____

If no, describe problems: _____

Baby's birth weight: _____ lbs. _____ oz.

INFANCY

Did the baby have to stay in the hospital after mother went home? YES / NO

Was the baby in an incubator? YES / NO

If yes, how long? _____

Did the baby require oxygen? YES / NO

Did the baby have yellow jaundice? YES / NO

If yes, was the baby placed under special lights? YES / NO

Did the baby require blood transfusion(s)? YES / NO

Did the baby have surgery (other than circumcision) in the first month? YES / NO

If yes, what kind/what for? _____

In the first 12 months of life, did you notice the following in the baby:

Being fussy, "colicky", crying night and day, never satisfied? YES / NO

Being too quiet, "perfect", not needing much care or attention? YES / NO

Being stiff when held, pushing mother/caregiver away? YES / NO

Being floppy or limp, not cuddling up to mother/caregiver? YES / NO

Other? _____

Was the baby breast-fed? YES / NO If yes, how long? _____

Any problems? _____

Was the baby bottle-fed? YES / NO If yes, how long? _____

Any problems? _____

Was there any difficulty finding the right formula? YES / NO

Was formula switched more than 3 times? YES / NO

Was the baby usually held when feeding? YES / NO

Were there any bowel (elimination) problems? YES / NO

If yes, describe: _____

DEVELOPMENTAL MILESTONES

When did your child achieve the following milestones:

Sitting up (range: 6-8 months)	EARLY / ON-TIME / LATE
Crawling (range: 7-10 months)	EARLY / ON-TIME / LATE
Walking independently (range: 10-16 months)	EARLY / ON-TIME / LATE
Using meaningful words (range: 12-24 months)	EARLY / ON-TIME / LATE
Using short sentences (range: 24-36 months)	EARLY / ON-TIME / LATE

Was this child unusually clumsy or awkward (accident-prone)? YES / NO

Were you ever told that your child is "mentally handicapped" or "retarded" or "developmentally delayed"? YES / NO

TODDLERHOOD

Most of the time, was your child a normal eater? YES / NO

If not, which of the following descriptions best describes your child?

FINICKY/PICKY OVEREATER ERRATIC/IRREGULAR

Was toilet training difficult? YES / NO

At what age was the child dry during the day? _____
dry during the night? _____

At what age was the child not soiling during the day? _____
not soiling during the night? _____

Was it frequently difficult putting the child to bed? YES / NO

Did the child wake up frequently during the night? YES / NO

If yes, did the child wake up screaming but couldn't remember doing that the next day?
YES / NO

If yes, did the child have nightmares? YES / NO

If yes, did the child come to the parents' bedroom? YES / NO

If yes, did the child then sleep in the parents' bed? YES / NO

If yes, did the parent(s) stay in the child's room? YES / NO

On a regular basis, does the child sleep alone? YES / NO

If no, with whom? _____

Was this child EASY or DIFFICULT to care for and live with? (circle one)

During the child's first 5 years of life, was mother/primary caregiver
frequently away from the child for a period of 5 days or more? YES / NO
frequently away from the child overnight? YES / NO

If yes, what provisions were made for the care of the child? _____

In the preschool years, did the child have any of the following problems (please check all that apply):

- _____ frequently running off, difficult to keep track of?
- _____ couldn't stay at the table to eat, or stay at a game?
- _____ being unusually excitable, so you dreaded taking him/her anywhere?
- _____ being unusually impulsive, so he/she seemed unaware of danger?
- _____ frequent temper outbursts beyond age 4?
- _____ destructiveness to toys or property?
- _____ being unable to follow directions or rules?

- _____ setting fires or playing persistently with lighters/matches?
- _____ being overly demanding and demands had to be met at once?
- _____ being unusually withdrawn?
- _____ being unusually aggressive, biting, scratching, kicking with little/no provocation?
- _____ nervous habits like nail biting or hair twisting?
- _____ unusual body movements, like rocking, head banging, repetitive blinking, tics, twitches; or sounds, like throat-clearing, grunts, profane words? (circle all that apply)
- _____ difficulty playing with other children? (describe) _____
- _____ bizarre or unusual speech, or inability to sustain conversation?
- _____ preoccupation/attachment with objects/parts (example: doorknobs, paper bags)?
- _____ insistence on routines and distress over trivial changes?
- _____ lack of awareness of existence or feelings of others?
- _____ inability to imitate people/fantasy play?
- _____ no/abnormal seeking of comfort during distress?
- _____ other problems? _____

What forms of discipline were used at home for your preschooler? _____

Did the child attend Day Care? YES / NO

If yes, any problems? _____

Nursery/Pre-School/Headstart? YES / NO

If yes, any problems? _____

Kindergarten? YES / NO

If yes, any problems? _____

Please describe any other concerns you may have about your toddler/preschooler:

CONTINUE THIS QUESTIONNAIRE IF YOUR CHILD IS OLDER THAN 5 YEARS OLD (You have completed this questionnaire if your child is not yet 6 years old).

Did your child like school? YES / NO

Did your child make good grades in school? YES / NO

What grades did your child usually make? (circle all that apply) A B C D F

Did your child do as well in school as expected? YES / NO

If not, explain: _____

Did your child attend special classes or tutoring? YES / NO

If yes, what subjects and in what grades? _____

Did the child get along well with his/her teacher(s)? YES / NO

Did the child get along best with children who are younger / same age / older?

(circle age group(s) that apply)

What forms of discipline were used in school? _____

Has the child been given sex education? YES / NO

If yes, who provided it? (circle) SCHOOL / PARENTS / PEERS / OTHER

Did the child get along well with mother? YES / NO / NOT APPLICABLE

Did the child get along well with father? YES / NO / NOT APPLICABLE

Did the child get along well with brothers and sisters? YES / NO / NOT APPLICABLE

Did the child get along well with playmates? YES / NO

Was the child a leader? YES / NO

Was the child a follower? YES / NO

Did the child have any heroes? YES / NO

If yes, list: _____

What hobbies/activities did your child become involved in? _____

Were there any problems with the following when your child was between 6 to 11 years of age?

(check all that apply)

_____ fire setting

_____ shoplifting/stealing

_____ cruelty to animals

_____ fighting/aggressiveness

_____ running away from home overnight

_____ skipping school

_____ lying habitually

_____ using a weapon against others

_____ destructiveness to property

_____ sexually assaulting smaller child

What forms of discipline were used at home? _____

Who usually disciplined your child? _____

Please describe any other concerns you may have about your child:

CONTINUE THIS QUESTIONNAIRE IF YOUR CHILD IS OLDER THAN 11 YEARS OLD (You have completed this questionnaire if your child is not yet 12 years old).

RELATIONSHIPS

Does the adolescent get along well with mother? YES / NO / NOT APPLICABLE

Does the adolescent get along well with father? YES / NO / NOT APPLICABLE

Does the adolescent get along well with brothers and sisters? YES / NO / NOT APPLICABLE

Does the adolescent get along well with peers? YES / NO

What kind of friends does your adolescent hang around with? _____

Is the adolescent a leader? YES / NO

Is the adolescent a follower? YES / NO

Who usually disciplines the adolescent? _____

What forms of discipline are used at home? _____

Is the adolescent sexually active? YES / NO

If yes, what protection does the adolescent use? _____

Has the adolescent been involved with the law? YES / NO

If yes, explain: _____

Does the adolescent smoke cigarettes or use tobacco products? YES / NO

If yes, how much? _____

Has the adolescent used any alcohol and/or street drugs? YES / NO

If yes, list: _____

SCHOOL

Does your adolescent like school? YES / NO

Does your adolescent perform well in school? YES / NO

Has your adolescent's performance been ERRATIC / CONSISTENT?

What grades does your adolescent usually receive? (circle all that apply) A B C D F

Is the adolescent performing in school as well as expected? YES / NO

Does your adolescent get along well with the teachers? YES / NO

If not, explain: _____

WORK

Does your adolescent hold a paid job outside the home? YES / NO

If yes, estimate the average number of hours per week worked: _____

If yes, what was the longest time that a single job was held? _____

Does your adolescent have a non-paying volunteer job outside the home? YES / NO

If yes, estimate the average number of hours per week worked: _____

If yes, what was the longest time that a single job was held: _____

ORGANIZED ACTIVITIES

Has your adolescent participated in sports for at least one season? YES / NO

Has your adolescent participated in clubs or extra-curricular activities? YES / NO

Has there been a change in participation in organized activities? YES / NO

If yes, describe: _____

PERSONALITY OF YOUR ADOLESCENT (circle all that apply)

artistic	responsible	friendly	shy
anxious	perfectionistic	studious	wild
aggressive	outgoing	unpredictable	dramatic
timid	quiet	distant	athletic
gentle	defiant		
other _____			

Please describe any other concerns you may have about your adolescent:

THANK YOU VERY MUCH!