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DEVELOPMENTAL QUESTIONNAIRE

Child's Name: _____ Child's Date of Birth: _____
Parent(s) Name(s): _____
Date: _____

This questionnaire will assist me in understanding your child and family. It will aid in my assessment and in treatment planning and recommendations. Please answer all the questions pertaining to your child's age to the best of your ability. Any questions that make you feel too uncomfortable may be left blank for the interview. Any information that you choose to share will be handled with respect and with confidentiality. Thank you for your time and thoughtful consideration of the questions.

History of Child's Family of Origin

1. Ages and occupations of child's birth parents when they met:
Mother's Age: _____ Occupation: _____
Father's Age: _____ Occupation: _____
2. How long were the child's parents together before they married? _____
and/or had the child? _____
How would you describe the courtship? _____
3. How did the families react (support/disapproval, etc.)? _____

4. Describe the marital relationship in terms of conflict, communication, harmony, shared parenting, etc. _____

Developmental History

1. Was the pregnancy planned? _____
2. How old was the mother at conception? _____
3. Names and ages of all children delivered:

4. Dates of pregnancy losses/terminations (and specify what occurred):

- 4. List any illnesses, injuries, traumatic events which occurred during the pregnancy: (medications, accidents, family loss, nicotine, drugs or alcohol taken during the pregnancy). _____

- 5. Was the baby delivered at full-term or earlier? _____
- 6. List any complications during delivery and type of delivery: _____

- 7. Was the child distressed by lack of oxygen at any time? _____
- 8. Was an incubator used? _____ If yes, explain: _____
- 9. How much did the infant weigh? _____
- 10. Did the mother breast-feed? _____ If yes, was this a successful experience for mother and infant? _____. If no, how was the decision made to bottle-feed? _____
- 11. What was the mother's emotional and physical condition following birth? Who was available for support? _____

- 12. Describe your baby's early personality: _____

- 13. Describe patterns with:
Feeding: _____
Sleeping: _____
Soothing: _____
Attachment: _____
Other medical concerns of early illness/injuries/accidents: _____

- 14. Developmental Milestones:
Age when first crawled: _____ Walked: _____
Age when said first words: _____ Sentences: _____
Age when toilet training began: _____ Completed: _____
Any problems with toilet training: _____
Is bedwetting a problem? _____
Age at first childcare, preschool: _____ Type of setting/care: _____
Age when mother first went back to work: _____
How did your child adjust to the separation? _____
How did the parents adjust? _____

Early Childhood

1. Please describe any behavioral or temperamental problems: _____
2. How have you handled these problems? _____
3. Describe the child's activity level and general personality style: _____
4. How does your child handle frustration? _____
5. Describe relationship with brothers and/or sisters: _____
 Describe relationships with parents: _____
 with non-family members: _____
 with other important family members: _____
 Please list the significant adults in your child's life: _____
6. How do you usually discipline? _____
7. How successful is it? _____
8. To your knowledge has your child ever experienced:
 Physical abuse _____ Sexual abuse _____
 Emotional or verbal abuse _____ Physical neglect _____
 Emotional neglect _____
 Exposure to addicted adults _____ Violent adults _____
 Please explain any "yes" answer: _____

School Age Development (5 – 12 years)

1. Age of child when started school: _____
2. How did s/he adjust to school? _____
3. Usual elementary school grades: _____
4. School behavior problems: _____
5. Relationships with other children: _____
6. Other activities (sports, hobbies, etc.): _____
7. Are there current school-related problems? _____
 Attention/concentration: _____ Poor grades: _____
 Behavior Problems: _____ Peer group: _____
 Speech/hearing/language difficulties: _____ Learning difficulties: _____
 Other: _____
 Does your child have or have they had an IEP at school? _____
8. Current grade placement: _____ Current School: _____

Adolescent Development (13- 18 years)

1. When did puberty start? _____
2. Have you discussed sexuality with your child/teenager? _____
3. How are his/her relationships with same sex peers? _____
Opposite sex peers? _____
4. Doyou have concerns about special peer groups or gangs? _____
If yes, explain _____
5. Is your child sexually active (to your knowledge)? _____
6. Is your child aware of "safer sex"/abstinence issues related to HIV and other sexually transmitted diseases? _____
7. To your knowledge, has your child ever been pregnant? _____
Ever had a sexually transmitted disease? _____
Used birth control methods? _____
Had an abortion? _____
8. Has your child been in trouble with the law? _____

Family History

1. Describe any changes, moves, significant events, family separation, divorce, death, etc., which has occurred during the child's life. Please note the age at which it occurred:

2. Do you have a religious affiliation? _____ If yes, what? _____

3. Describe the child's ethnic/cultural background: _____

4. The following questions refer to the child's immediate, step- or extended family.
Please indicate whether any family members have ahistory of any of the following:
Please indicate their relationship to the child.

Alcoholism/Drug abuse _____

Physical/Sexual abuse _____

Depression _____

Bipolar disorder _____

Other mental disorder/illness _____

Hyperactivity/Learning problems _____

Epilepsy/Seizures _____

Other significant medical history _____

5. Child's Health History

Please list any health problems your child has had _____

6. If parents are separated or divorced:
Mother's name and address
(include e-mail address)

Father's name and address
(include e-mail address)

Step-parents _____
Siblings _____ Half-siblings _____ Step-siblings _____

What is the custody/visitation plan? Please be as specific as possible _____

How has the child adjusted to the divorce and visitation plan? _____

What concerns do you have about your child or your family related to the divorce, visitation, custody, etc.? _____

Previous Counseling or Treatment

1. Please list any previous counseling _____

2. Name of practitioner(s) _____

3. Why did you decide to seek help? _____

4. Name of child's pediatrician or other physician _____

Present Cocern:

1. Please describe what concerns you have about your child at this time: _____

2. Please check all that apply to your child:

- | | |
|--|---|
| <input type="checkbox"/> sad/tearful | <input type="checkbox"/> eating problems |
| <input type="checkbox"/> angry/agitated | <input type="checkbox"/> social problems |
| <input type="checkbox"/> worried/anxious | <input type="checkbox"/> drugs/alcohol |
| <input type="checkbox"/> overactive | <input type="checkbox"/> communication problems |
| <input type="checkbox"/> poor self-image | <input type="checkbox"/> seems sad/withdrawn |
| <input type="checkbox"/> fighting/conflict | <input type="checkbox"/> change in personality |
| <input type="checkbox"/> learning difficulties | <input type="checkbox"/> stressed/easily upset |
| <input type="checkbox"/> academic problems | <input type="checkbox"/> impulsive/poor choices |
| <input type="checkbox"/> other school problems | <input type="checkbox"/> sleeping problems |
| <input type="checkbox"/> other: _____ | |

