

**Pediatric Developmental History Questionnaire** (v.6.18.05)  
Behavioral Medicine Associates of MidMichigan, P.C.

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

Date of birth \_\_\_\_\_ Sex \_\_\_\_\_ Who referred you? \_\_\_\_\_

Reason for referral: \_\_\_\_\_

Onset of problem: \_\_\_\_\_

Parents: Mother \_\_\_\_\_ Occupation \_\_\_\_\_ Age \_\_\_\_\_

Father \_\_\_\_\_ Occupation \_\_\_\_\_ Age \_\_\_\_\_

Siblings: \_\_\_\_\_ Age \_\_\_\_\_ Currently living in home? \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ Currently living in home? \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ Currently living in home? \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ Currently living in home? \_\_\_\_\_

Others living \_\_\_\_\_ Age \_\_\_\_\_

In home: \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Marital status of parent(s) married \_\_\_\_\_ separated \_\_\_\_\_ divorced \_\_\_\_\_ widowed \_\_\_\_\_

Date of current marriage: \_\_\_\_\_ Ever separated? \_\_\_\_\_ If so, then for how long? \_\_\_\_\_

Past marriages for mother (give dates): \_\_\_\_\_

Past marriages for father (give dates): \_\_\_\_\_

Current marriage difficulties? illness \_\_\_\_\_ financial \_\_\_\_\_ communication \_\_\_\_\_ other \_\_\_\_\_

Child's longest period of separation from parents: \_\_\_\_\_ Describe reasons in space below:

Describe any problems between your child and siblings in the space below:

**Prenatal History:**

How was mother's health during pregnancy?

Was the pregnancy stable or were there complications (please explain below)?

Describe the degree of morning sickness: \_\_\_\_\_

Did mother smoke during pregnancy? \_\_\_\_\_ If so, how much? \_\_\_\_\_

Did mother drink during pregnancy? \_\_\_\_\_ If so, how much? \_\_\_\_\_

Any medications during pregnancy? \_\_\_\_\_ If so, please list them below:

Duration of labor: \_\_\_\_\_ Normal delivery? \_\_\_\_\_ C-section? \_\_\_\_\_ Breech? \_\_\_\_\_

Did the baby require oxygen at birth? \_\_\_\_\_ Describe other birth complications below:

Full term( # weeks)? \_\_\_\_\_ Premature (# weeks)? \_\_\_\_\_ Birth weight \_\_\_\_\_ Length \_\_\_\_\_

Head circumference: \_\_\_\_\_ APGAR scores at: 1 minute \_\_\_\_\_ 5 minutes \_\_\_\_\_

Mother's attitude toward pregnancy: \_\_\_\_\_

Father's attitude toward pregnancy: \_\_\_\_\_

**Early Development:**

Crying: minimal \_\_\_\_\_ moderate \_\_\_\_\_ frequent \_\_\_\_\_ muted \_\_\_\_\_ high pitched \_\_\_\_\_

Activity level: highly active \_\_\_\_\_ moderately active \_\_\_\_\_ inactive \_\_\_\_\_

Early feeding: breast? \_\_\_\_\_ how long? \_\_\_\_\_ bottle? \_\_\_\_\_ how long? \_\_\_\_\_

Early appetite: poor \_\_\_\_\_ fair \_\_\_\_\_ good \_\_\_\_\_ hearty \_\_\_\_\_

Infant temperament: happy \_\_\_\_\_ fussy \_\_\_\_\_ variable \_\_\_\_\_

As an infant, did your child have any of the following: colic \_\_\_\_\_ intense startle reactions \_\_\_\_\_  
irregular feeding/waking cycles \_\_\_\_\_ poor reaction to change \_\_\_\_\_ attachment problems \_\_\_\_\_

At what age did your child begin: smiling \_\_\_\_\_ sitting \_\_\_\_\_ crawling \_\_\_\_\_ standing \_\_\_\_\_  
climbing \_\_\_\_\_ grabbing objects \_\_\_\_\_ walking \_\_\_\_\_ first words \_\_\_\_\_ combing words \_\_\_\_\_

What was the age and reaction of your child to weaning? \_\_\_\_\_

What was the age and reaction of your child to toilet training? \_\_\_\_\_

What was the age and reaction of your child to giving up naps? \_\_\_\_\_

Toddler temperament: stubborn \_\_\_\_\_ destructive \_\_\_\_\_ happy \_\_\_\_\_ moody \_\_\_\_\_  
calm \_\_\_\_\_ inquisitive \_\_\_\_\_ compliant \_\_\_\_\_ fearful \_\_\_\_\_ sad \_\_\_\_\_

**Current Development:**

Problems w/bedwetting? \_\_\_\_\_ Daytime wetting? \_\_\_\_\_ Daytime soiling? \_\_\_\_\_

Indicate your child's eating patterns: overeats \_\_\_\_\_ under eats \_\_\_\_\_ picky eater \_\_\_\_\_  
eats mainly junk food \_\_\_\_\_ fights about eating \_\_\_\_\_ refuses certain food types \_\_\_\_\_  
not a concern \_\_\_\_\_ other \_\_\_\_\_

Sleeping patterns: usual bedtime \_\_\_\_\_ usual waking time \_\_\_\_\_ how long to fall asleep \_\_\_\_\_  
nightmares \_\_\_\_\_ If so, describe: \_\_\_\_\_  
night terrors \_\_\_\_\_ restless \_\_\_\_\_ hard to fall asleep \_\_\_\_\_ hard to awaken \_\_\_\_\_

Peer relationships: many good friends \_\_\_\_\_ few good friends \_\_\_\_\_ mainly older friends \_\_\_\_\_  
mainly younger friends \_\_\_\_\_ mean to friends \_\_\_\_\_ teased by friends \_\_\_\_\_ mistreated \_\_\_\_\_

If concerned about peer relations, please describe below:

Describe child's peer relationship strengths below:

What are your child's interests and current activities:

What scheduled activities does your child participate in regularly?

Family relationships: argues \_\_\_\_\_ won't follow rules \_\_\_\_\_ fights w/siblings \_\_\_\_\_  
problems w/chores \_\_\_\_\_ mistreats pets \_\_\_\_\_ other \_\_\_\_\_

Discipline: child does not respond to discipline \_\_\_\_\_ discipline makes problem worse \_\_\_\_\_  
child manipulates parents \_\_\_\_\_ child responds to discipline well \_\_\_\_\_

What forms of discipline do you use? spanking \_\_\_\_\_ yelling \_\_\_\_\_ talking \_\_\_\_\_  
time-out \_\_\_\_\_ taking away privileges or treats \_\_\_\_\_ giving rewards \_\_\_\_\_

Any other forms of discipline? \_\_\_\_\_

Child benefits most from: rewards \_\_\_\_\_ punishment \_\_\_\_\_ neither \_\_\_\_\_

Indicate child's fears or worries: none \_\_\_\_\_ death \_\_\_\_\_ animals \_\_\_\_\_ water \_\_\_\_\_  
injury/pain \_\_\_\_\_ shame \_\_\_\_\_ dark \_\_\_\_\_ heights \_\_\_\_\_ other \_\_\_\_\_

Describe how does your child expresses the following emotions:

Fear:

Anger:

Sadness:

**Medical Information:**

Who is your pediatrician? \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_

Current medical problems: \_\_\_\_\_

Onset of these problems: \_\_\_\_\_

Indicate any other limitations your child has: \_\_\_\_\_

Current medications: \_\_\_\_\_

Any allergies to foods or medications? \_\_\_\_\_

Last hearing evaluation: \_\_\_\_\_ Last vision evaluation: \_\_\_\_\_

Indicate if your child has/had any problems with: touch \_\_\_\_\_ hearing \_\_\_\_\_ vision \_\_\_\_\_

Has your child experienced any of the following:

Head injuries? \_\_\_\_\_ Loss of consciousness? \_\_\_\_\_ Very high fevers? \_\_\_\_\_ Seizures? \_\_\_\_\_

Any hospitalizations or operations? \_\_\_\_\_

Any immediate or extended family members with: epilepsy \_\_\_\_\_ diabetes \_\_\_\_\_ cancer \_\_\_\_\_  
tuberculosis \_\_\_\_\_ hemophilia \_\_\_\_\_ rheumatic fever \_\_\_\_\_ depression \_\_\_\_\_  
emotional problems \_\_\_\_\_ learning problems \_\_\_\_\_ mental retardation \_\_\_\_\_  
autism \_\_\_\_\_ drug abuse \_\_\_\_\_ alcohol abuse \_\_\_\_\_

**Educational History:**

Current school: \_\_\_\_\_ Grade: \_\_\_\_\_

Complete school address: \_\_\_\_\_

Current teacher's name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Indicate your child's reaction to starting school: excited \_\_\_\_\_ frightened \_\_\_\_\_  
refused to go \_\_\_\_\_ other \_\_\_\_\_

Child's current performance level: \_\_\_\_\_

Child's attitude toward school: \_\_\_\_\_

Any grades repeated? \_\_\_\_\_ Any difficulty learning to read/write? \_\_\_\_\_

Describe any special education services: \_\_\_\_\_

Strongest subject: \_\_\_\_\_ Weakest subject: \_\_\_\_\_

Any previous psychological or other testing? \_\_\_\_\_

Child's attitude toward teachers: defies authority \_\_\_\_\_ assertive \_\_\_\_\_ submissive \_\_\_\_\_  
frightened \_\_\_\_\_ provocative \_\_\_\_\_ hostile \_\_\_\_\_

Does your child have any of the following classroom problems? fights \_\_\_\_\_ argues \_\_\_\_\_  
destructive \_\_\_\_\_ disorganized \_\_\_\_\_ distracted \_\_\_\_\_ daydreams \_\_\_\_\_ poor grades \_\_\_\_\_  
not motivated \_\_\_\_\_ doesn't follow rules \_\_\_\_\_ doesn't hand in work \_\_\_\_\_

Describe how your family handles homework (is there an agenda, a set homework time each day, is it done between other activities, etc.):

With whom does your child prefer to do homework (mom, dad, sibling, independently, other)?

Do you confer regularly with your child's teacher(s) regarding progress?

Is there anything else you'd like to share about your child that you feel might be helpful?