BACKGROUND QUESTIONNAIRE – CHILD

Child's Name: _____Grade:_____Date of Birth**:**_____
Completed by: _____Relationship:_____ Date:_____
School:_____Pediatrician:_____

PRESENTING PROBLEM

Briefly describe your child's current difficulties/why you brought your child to see me:

_____
_____
_____
_____

How long has this problem(s) been of concern to you? _____
When was the problem first noticed? By whom? _____
_____

What seems to help the problem?_____
_____

What seems to make the problem worse?_____
_____

SOCIAL AND BEHAVIOR CHECKLIST

Place a check mark or an X next to any behavior or problem that your child currently exhibits.

_____ difficulty with speech
_____ difficulty with hearing
_____ difficulty with language
_____ difficulty with vision
_____ difficulty with coordination
_____ prefers to be alone
_____ doesn't get along well with sibling(s)
_____ is aggressive (physical, verbal)
_____ is shy or timid
_____ is more interested in things (objects) than in people
_____ engages in daredevil behavior that could be dangerous to self or others: _____
_____
_____
_____ has special fears, habits, odd mannerisms
_____
_____can't pay attention/focus
_____ child is bullied/teased by others
_____ sucks thumb

_____ frequent tantrums
_____ frequent nightmares
_____ trouble sleeping (describe):
_____
_____eats poorly
_____ rocks back and forth frequently
_____ bangs head repetitively
_____ holds breath
_____ gives up easily
_____ is stubborn
_____ has poor bowel control (soils self)
_____ wets bed or clothes
_____ is over active
_____ is clumsy
_____ has blank spells, stares
_____ is impulsive/doesn't B4 acting
_____ is slow to learn
_____ other (describe) _____
_____
_____

Has there been anything unusual about your child's development?_____

Describe your child's social development. How many friends does s/he have? Does s/he have a best friend?
What are her/his hobbies or interests?_____

How does your child manage feelings of anger or frustration?_____

_____

EDUCATIONAL HISTORY

Mark any educational problem(s) that your child currently demonstrates.

_____ difficulty with reading
_____ difficulty with arithmetic
difficulty with spelling
_____ difficulty with writing
_____ difficulty with other subjects (list):
_____
_____
_____ does not like school

Is your child in a special education class? Yes _____ No _____ If so, what type of class?
_____
_____
Is your child in a talented or gifted program? _____
Is your child receiving tutoring? Yes _____ No _____ If so, for what? _____
_____
Has your child ever been held back a grade? Yes _____ No _____ If so, what grade/why?
_____

DEVELOPMENTAL HISTORY

During pregnancy, was mother on any medication? Yes ____ No ____ If yes, what kind?
_____
During pregnancy, did mom smoke? Yes _____ No _____ How much? _____
During pregnancy, did mom drink alcohol? Yes _____ No _____ How much? _____
How frequently? _____
During pregnancy, did mom use drugs? Yes _____ No _____ What kind of drugs? _____
How frequently? _____
Were forceps used during delivery? Yes ___ No ___ Caesarean section? Yes ____ No _____
If yes, for what reason? _____
Was the child premature? Yes _____ No _____ If yes, by how much? _____
How much did the child weigh at birth?_____
Was the child full term, but low birth-weight? Yes _____ No _____ What was the birth weight? _____
Were there any birth defects or complications? Yes _____ No _____ If yes, please describe._____
_____
Were there feeding problems in infancy? Yes _____ No _____ If yes, please describe _____
_____
Were there sleeping problems in infancy? Yes _____ No _____ If yes, please describe_____

_____

As an infant, was the child quiet? Yes _____ No _____

As an infant, did the child like to be held? Yes _____ No _____

As an infant, was the child alert? Yes _____ No _____

Were there any difficulties in the growth &development of the child during the first 3 years? __Yes __ No

If yes, please describe _____

The following is a list of infant and preschool behaviors. Please indicate the approximate age at which your child first demonstrated each behavior. If you are not certain of the age, but have some idea; write the age followed by a question mark. If you don't remember the age at all, please write a question mark.

Behavior	**Age**	**Behavior**	**Age**
Showed response to mother	_____	Put several words together	_____
Rolled over	_____	Dressed self	_____
Sat alone	_____	Became toilet trained	_____
Crawled	_____	Stayed dry at night	_____
Walked alone	_____	Fed self	_____
Babbled	_____	Rode tricycle	_____
Spoke first word	_____		

FAMILY MEDICAL & SUBSTANCE ABUSE HISTORY

Place a check or X next to any illness or condition that any member of the immediate family has had. When you check an item, please note the member's relationship to the child.

	Condition	**Relationship**		**Condition**	**Relationship**
_____	Alcoholism	_____	_____	Anxiety	_____
_____	Cancer	_____	_____	Depression	_____
_____	Diabetes	_____	_____	Suicide/attempt	_____
_____	Heart trouble	_____	_____	Bipolar disorder	_____
_____	Substance Dependence	_____	_____	ADHD	_____
				Currently treated?	_____

Has your child ever had a head injury? Yes _____No _____ Did s/he lose consciousness?_____

If yes, please describe when and what happened: _____

_____

OTHER INFORMATION

Have their been any recent (within the last 90 days) stressors in your child's life (divorce/separation, death of loved one/pet, changed schools, moved to a new home/neighborhood, poor grades, good friend moved away, family conflict, other)r:_____

What are your child's favorite activities/interests?_____

_____

_____.

What activities would your child like to do more often than s/he does currently?_____

_____

What activities does your child dislike?_____

_____

Has your child ever been in trouble with the law? Yes _____ No _____ If yes, please describe when and what happened_____

_____

DISCIPLINE & PUNISHMENT

What disciplinary techniques do you usually use when your child misbehaves?

_____ ignore problem behavior
_____ scolding
_____ spanking
_____ threatening
_____ reasoning, explanation
_____ redirection of child's interest
_____ tell child to sit in chair, time out
_____ send child to her/his room
_____ take away an activity or food
_____ take away a privilege
_____ apply natural/logical consequence
_____ other:_____

Which technique(s) are usually effective? _____

_____

With what type of problem? _____

_____

Which technique(s) are usually ineffective? _____

_____

With what type of problem? _____

_____

What have you found to be the most satisfactory ways of helping your child?_____

_____

What are your child's assets or strengths? _____

_____

What motivates your child?_____

_____

Is there any information that you think may help me in working with your child? _____

_____

_____

Thank you!