

Name: _____ Patient Name: _____

Date: _____ Date of Birth: _____

I. DEVELOPMENTAL FACTORS

A. Pre-Natal History

1. How was your health during pregnancy?

_____ Good (1)

_____ Fair (3)

_____ Poor (5)

_____ DK

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

_____ Under 20 (1)

_____ 20-24 (2)

_____ 25-29 (3)

_____ 30-34 (4)

_____ 35-39 (5)

_____ 40-44 (6)

_____ Over 44 (7)

_____ DK

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

3. Beer or wine _____

_____ Never (1)

_____ 1-2 times (2)

_____ 3-9 times (3)

_____ 10-19 times (4)

_____ 20-39 times (5)

_____ 40+ times (6)

4. Hard liquor _____

_____ Never (1)

_____ 1-2 times (2)

_____ 3-9 times (3)

_____ 10-19 times (4)

_____ 20-39 times (5)

_____ 40+ times (6)

5. Coffee or other caffeine (Coke, etc). _____ Taken together, how many times?

_____ Never (1)

_____ 1-2 times (2)

_____ 3-9 times (3)

_____ 10-19 times (4)

_____ 20-39 times (5)

_____ 40+ times (6)

6. Cigarettes _____

_____ Never (1)

_____ 1-2 times (2)

_____ 3-9 times (3)

_____ 10-19 times (4)

_____ 20-39 times (5)

_____ 40+ times (6)

7. Did you ingest any of the following substances?

_____ Valium (Librium, Xanax)

_____ Tranquilizers

_____ Anti-seizure medications (eg, dilantin)

_____ Treatment for diabetics

_____ Antibiotics (for viral infections)

_____ Sleeping pills

_____ Other (please specify)

B. Peri-Natal History

8. Did you have toxemia or eclampsia?

_____ Yes (1)

_____ No (0)

_____ DK

9. Was there RH factor incompatibility?

_____ Yes (1)

_____ No (0)

_____ DK

10. Was (s)he born on schedule?

_____ 8 mos or earlier (1)

_____ Term 8-10 mos (2)

_____ 10 mos (3)

_____ DK

11. What was the duration of labor?

_____ Under 6 hrs (1)

_____ 7-12 hrs (2)

_____ 13-18 hrs (3)

_____ 19-24 hrs (4)

_____ Over 24 hrs (5)

_____ DK

12. Were you given any drugs to ease the pain during labor?

Name: _____

_____ Yes (1)

_____ No (0)

_____ DK

13. Were there indications of fetal distress during labor or during birth?

_____ Yes (1)

_____ No (0)

_____ DK

14. Was delivery

Normal? _____ Yes (1) _____ No (0)

Breech? _____ Yes (1) _____ No (0)

Caesarian? _____ Yes (1) _____ No (0)

Forceps? _____ Yes (1) _____ No (0)

Induced? _____ Yes (1) _____ No (0)

15. What was the child's birth weight?

- 2 lbs - 3 lbs 15 oz (1)
 4 lbs - 5 lbs 15 oz (2)
 6 lbs - 7 lbs 15 oz (3)
 8 lbs - 9 lbs 15 oz (4)
 10 lbs - 11 lbs 15 oz (5)
 DK

16. Were there any health complications following birth?

- Yes (1)
 No (0)

If yes, specify:

17. Were there early infancy feeding problems?

- Yes (1)
 No (0)

18. Was the child colicky?

- Yes (1)
 No (0)

19. Were there early infancy sleep pattern difficulties?

- Yes (1)
 No (0)

20. Were there problems with the infant's responsiveness (alertness)?

- Yes (1)
 No (0)

21. Did the child experience any health problems during infancy?

- Yes (1)
 No (0)

22. Did the child have any congenital problems?

- Yes (1)
 No (0)

23. Was the child an easy baby - by that I mean did (s)he cry a lot? Did (s)he follow a schedule fairly well?

- Very easy (1)
 Easy (2)

_____ Average (3)

_____ Difficult (4)

_____ Very difficult (5)

24. How did the baby behave with other people?

_____ More sociable than average (1)

_____ Average sociability (2)

_____ More unsociable than average (3)

25. When (s)he wanted something, how insistent was (s)he?

_____ Very insistent (1)

_____ Pretty insistent (2)

_____ Average (3)

_____ Not very insistent (4)

_____ Not at all insistent (5)

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

_____ Very active (1)

_____ Active (2)

_____ Average (3)

_____ Less active (4)

_____ Not active (5)

27. At what age did (s)he sit up?

_____ 3-6 mos (1)

_____ 7-12 mos (2)

_____ Over 12 mos (3)

_____ DK

28. At what age did (s)he crawl?

_____ 6-12 mos (1)

_____ 13-18 mos (2)

_____ Over 18 mos (3)

_____ DK

29. At what age did (s)he walk?

_____ Under 1 yr (1)

_____ 1-2 yrs (2)

_____ 2-3 yrs (3)

_____ DK

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

_____ 9-13 mos (1)

_____ 14-18 mos (2)

_____ 19-24 mos (3)

_____ 25-36 mos (4)

_____ 37-48 mos (5)

_____ DK

31. At what age did (s)he string two or more words together?

_____ 9-13 mos (1)

_____ 14-18 mos (2)

_____ 19-24 mos (3)

_____ 25-36 mos (4)

_____ 37-48 mos (5)

_____ DK

32. At what age was (s)he toilet trained? (Bladder control)

_____ Under 1 yr (1)

_____ 1-2 yrs (2)

_____ 2-3 yrs (3)

_____ 3-4 yrs (4)

_____ DK

33. At what age was (s)he toilet trained? (Bowel control)

_____ Under 1 yr (1)

_____ 1-2 yrs (2)

_____ 2-3 yrs (3)

_____ 3-4 yrs (4)

_____ DK

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

_____ Less than 1 mo (1)

_____ 1-2 mo (2)

_____ 2-3 mo (3)

_____ More than 3 mo (4)

II. MEDICAL HISTORY

35. How would you describe his/her health?

_____ Very good (1)

_____ Good (2)

_____ Fair (3)

_____ Poor (4)

_____ Very poor (5)

36. How is his/her hearing?

_____ Good (1)

_____ Fair (2)

_____ Poor (3)

37. How is his/her vision?

_____ Good (1)

_____ Fair (2)

_____ Poor (3)

38. How is her/her gross motor coordination?

_____ Good (1)

_____ Fair (2)

_____ Poor (3)

39. How is his/her fine motor coordination?

_____ Good (1)

_____ Fair (2)

_____ Poor (3)

40. How is his/her speech articulation?

_____ Good (1)

_____ Fair (2)

_____ Poor (3)

41. Has (s)he had any chronic health problems (eg asthma, diabetes, heart condition)?

_____ Yes (1)

_____ No (0)

If yes, specify:

42. When was the onset of chronic illness?

_____ Birth (1)

_____ 0-1 yr (2)

_____ 1-2 yrs (3)

_____ 2-3 yrs (4)

_____ 3-4 yrs (5)

_____ Over 4 yrs

43. Which of the following illnesses has the child had? (no = 0, yes = 1)

_____ Mumps

_____ Chicken pox

_____ Measles

_____ Whooping cough

_____ Scarlet fever

_____ Pneumonia

_____ Encephalitis

_____ Otitis Media

_____ Lead poisoning

_____ Seizures

_____ Other diseases; please specify:

44. Has the child had any accidents resulting in the following? (no = 0, yes = 1)

_____ Broken bones

_____ Severe lacerations

_____ Head injury

_____ Severe bruises

_____ Stomach pumped

_____ Eye injury

_____ Lost teeth

_____ Sutures

_____ Other; please specify:

45. How many accidents?

_____ One (1)

_____ 2-3 (2)

_____ 4-7 (3)

_____ 8-12 (4)

_____ Over 12 (5)

46. Has (s)he ever had surgery for any of the following conditions? (no = 0, yes = 1)

_____ Tonsillitis

_____ Adenoids

_____ Hernia

_____ Appendicitis

_____ Eye, ear, nose, & throat

_____ Digestive disorder

_____ Urinary tract

_____ Leg or arm

_____ Burns

_____ Other; please specify:

47. How many times?

_____ Once (1)

_____ Twice (2)

_____ 3-5 times (3)

_____ 6-8 times (4)

_____ Over 8 times (5)

48. Duration of hospitalization?

_____ One day (1)

_____ One day + night (2)

_____ 2-3 days (3)

_____ 4-6 days (4)

_____ 1-4 weeks (5)

_____ 1-2 months (6)

_____ Over 2 months (7)

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

_____ Yes (1)

_____ No (0)

_____ DK

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

_____ Yes (1)

_____ No (0)

_____ DK

51. Does the child have any problems sleeping?

_____ None

_____ Difficulty falling asleep (1)

_____ Sleep continuity disturbance (2)

_____ Early morning awakening (3)

52. Is the child a restless sleeper?

_____ Yes (1)

_____ No (0)

_____ DK

53. Does the child have bladder control problems ... at night?

_____ Yes (1)

_____ No (0)

If yes, how often? _____

If yes, was (s)he ever continent? _____

... during the day?

_____ Yes (1)

_____ No (0)

If yes, how often? _____

If yes, was (s)he ever continent? _____

53. Does the child have bowel control problems ... at night?

_____ Yes (1)

_____ No (0)

Please summarize the child's progress (eg academic, social, testing) within each of the below grade levels.

Preschool:

Kindergarten:

Grades 1-3:

Grades 4-6:

Grades 7-12:

58. Has the child ever been in any type of special education program and if so, how long?

_____ Learning disabilities class	Duration of placement:
_____ Behavioral/emotional disorders class	Duration of placement:
_____ Resource room	Duration of placement:
_____ Speech and language therapy	Duration of therapy:
_____ Other; please specify	Duration:

59. Has the 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 (1)
- Daily/weekly report card (2)
- Other; please specify: (3)

V. SOCIAL HISTORY

61. How does the child get along with his/her brothers/sisters?

- Doesn't have any
- Better than average (1)
- Average (2)
- Worse than average (3)

62. How easily does the child make friends?

- Easier than average (1)
- Average (2)
- Worse than average (3)
- DK

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

- Less than 6 months (1)
- 6 months - 1 year (2)
- More than 1 year (3)
- DK

VI. CURRENT BEHAVIORAL CONCERNS

Primary concerns:

Other (related) concerns:

64. What strategies have been implemented to address these problems? (Check which have been successful)

- Verbal reprimands (1)
- Time out (isolation) (2)
- Removal of privileges (3)
- Rewards (4)
- Physical punishment (5)
- Acquiesce to child (6)
- Avoid child (7)

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

- 0-20% (1)
- 20-40% (2)
- 40-60% (3)
- 60-80% (4)
- 80-100% (5)

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

- 0-20% (1)
- 20-40% (2)
- 40-60% (3)
- 60-80% (4)
- 80-100% (5)

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

- Most of the time (1)
- Some of the time (2)
- None of the time (3)

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

- Parents divorced or seperated (1)
- Family accident or illness (2)
- Death in family (3)
- Parent changed jobs (4)
- Changed schools (5)

- Family moved (6)
- Family financial problems (7)
- Other; please specify: (8)

VII. DIAGNOSTIC CRITERIA

68. Which of the following are considered to be a significant problem at the present time? (no = 0, yes = 1)

- 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
- TOTAL for ADHD = _____ (8 or more)

69. When did these problems begin? (Specify Age): _____

70. Which of the following are considered to be a significant problem at the present time? (no = 0, yes = 1)

- 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
TOTAL for ODD = _____ (5 or more)

71. When did these problems begin? (Specify Age): _____

72. Which of the following are considered to be a significant problem at the present time? (no = 0, yes = 1)

Stolen without confrontation
 Runs away from 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
TOTAL for CD = _____ (3 or more)

73. When did these problems begin? (Specify Age): _____

74. Which of the following are considered to be a significant problem at the present time? (no = 0, yes = 1)

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 figures
TOTAL for SAD = _____ (3 or more)

75. When did these problems begin? (Specify Age): _____

76. Which of the following are considered to be a significant problem at the present time? (no = 0, yes = 1)

- ____ Unrealistic worry about future events
 - ____ Unrealistic concern about appropriateness of past behavior
 - ____ Unrealistic concerns about competence
 - ____ Somatic complaints
 - ____ Marked self-consciousness
 - ____ Excessive need for reassurance
 - ____ Marked inability to relax
- TOTAL for OAD = _____ (4 or more)

77. When did these problems begin? (Specify Age): _____

78. Which of the following are considered to be a significant problem at the present time? (no = 0, yes = 1)

- ____ Depressed or irritable mood most of day, nearly every day
 - ____ Diminished pleasure in activities
 - ____ Increase or decrease in appetite assoc. 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
- TOTAL for Major Dep. = _____ (5 or more)

79. When did these problems begin? (Specify Age): _____

80. Which of the following are considered to be a significant problem at the present time? (no = 0, yes = 1)

- ____ Depressed or irritable mod for 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 greater than 2 months over a 1-year period

TOTAL for Dysthymia (items 2-7) = ____ (2 or more)

81. When did these problems begin? (Specify Age): _____

VIII. OTHER CONCERNS

82. Has the child exhibited any of the below symptoms? (*no = 0, yes = 1*)

____ Stereotyped mannerisms

____ Odd postures

____ Excessive reaction to noise or fails to react to loud noises

____ Overreacts to touch

____ Compulsive rituals

____ Motor tics

____ Vocal tics

TOTAL = ____

82. Has the child exhibited any symptoms of thought disturbance, including any of the following? (*no = 0, yes = 1*)

____ Loose thinking (eg tangential ideas, circumstantial speech)

____ Bizarre ideas (eg odd fascinations, delusions, hallucinations)

____ Disoriented, confused, staring, or "spacey"

____ Incoherent speech (mumbles, jargon)

TOTAL: ____

84. Has the child exhibited any symptoms of affective disturbance, including any of the following? (*no = 0, yes = 1*)

____ 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 affect

____ Situationally inappropriate emotions

TOTAL = _____

85. Has the child exhibited any symptoms of social conduct disturbance, including any of the following? (no = 0, yes = 1)

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

TOTAL = _____

IX. FAMILY HISTORY

86. How long have you and the child's father (mother) been married? (Please note whether the child was the product of a 1st, 2nd, etc marriages)

- _____ Never were married
- _____ Separated (1)
- _____ Divorced (2)
- _____ Widowed (3)
- _____ Married for _____ years (4)

87. How stable is your current marriage?

- _____ Stable (1)
- _____ Unstable (2)

Notes:

PATERNAL RELATIVES (no = 0, yes = 1)

Self Mother Father Brother Brother Sister Sister TOTAL

Problems with
aggressiveness,
defiance, &
oppositional
behavior as a
child

Problems with
attention,
activity, &
impulse control
as a child

Learning
disabilities

Failed to
graduate from
high school

Mental
retardation

Psychosis or
schizophrenia

Depression for
greater than 2
weeks

Anxiety
disorder which
impaired
adjustment

Tics or
Tourette's

Alcohol abuse

Substance abuse

Antisocial
behavior
(assaults,
thefts, etc)

Arrests

Physical abuse

Sexual abuse

MATERNAL RELATIVES (no = 0, yes = 1)

Self Mother Father Brother Brother Sister Sister TOTAL

Problems with
aggressiveness,
defiance, &
oppositional
behavior as a
child

Problems with
attention,
activity, &
impulse control
as a child

Learning
disabilities

Failed to
graduate from
high school

Mental
retardation

Psychosis or
schizophrenia

Depression for
greater than 2
weeks

Anxiety
disorder which
impaired
adjustment

Tics or
Tourette's

Alcohol abuse

Substance abuse

Antisocial
behavior
(assaults,
thefts, etc)

Arrests

Physical abuse

Sexual abuse

SIBLINGS (no = 0, yes = 1)

	<u>Brother</u>	<u>Brother</u>	<u>Sister</u>	<u>Sister</u>	<u>TOTAL</u>
Problems with aggressiveness, defiance, & oppositional behavior as a child					
Problems with attention, activity, & impulse control as a child					
Learning disabilities					
Failed to graduate from high school					
Mental retardation					
Psychosis or schitzophrenia					
Depression for greater than 2 weeks					
Anxiety disorder which impaired adjustment					
Tics or Tourette's					
Alcohol abuse					
Substance abuse					
Antisocial behavior (assaults, thefts, etc)					
Arrests					
Physical abuse					
Sexual abuse					

