

DEVELOPMENTAL HISTORY QUESTIONNAIRE

Child's/Adolescent's Name _____

Birth date _____ Age _____

Form completed by _____

Relationship to Child/Adolescent _____

Date _____

LIST FAMILY MEMBERS BY NAME	AGE	SEX	EDUCATION	OCCUPATION	LIVES W/CHILD
MOTHER					
FATHER					
STEPMOTHER					
STEPFATHER					
CO-PARENT					
BROTHERS/SISTERS					
OTHER					
DATES OF PARENTAL MARRIAGES AND SEPARATIONS/DIVORCES					

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1. What are the main difficulties and problems for which the child/adolescent needs help?

2. Any difficulties in pregnancy, labor, infancy or development experience with this child/adolescent?

3. Any serious illnesses experienced by the child/adolescent?

Yes_____ No_____

State age of child/adolescent _____ / and nature of illness:

4. Has the child/adolescent received previous counseling for emotional or behavioral problems? Yes_____ No_____ If Yes, Please list Providers and Dates:

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5. Is this child/adolescent currently experiencing any health problems (including allergies)? Yes_____ No_____ If Yes, Please list::

6. What medication is your child/adolescent receiving now?

7. In the past, has your child/adolescent received medications for behavioral or emotional problems?

8. Has the child/adolescent ever been hospitalized in residential treatment, foster care, emergency shelter or correctional program? Yes_____ No_____ If Yes, Please list Programs and Dates:

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9. Have you ever suspected that this child/adolescent is using Alcohol or Drugs? Yes _____ No _____ If Yes, please explain:

10. Has anyone in your family has a problem with Alcohol/Drugs in the past or Now? Check below and comment:

YES	NO	DON'T KNOW	COMMENTS:
			CHILD'S FATHER
			CHILD'S MOTHER
			STEPFATHER
			STEPMOTHER
			BROTHER OR SISTER
			GRANDPARENTS
			OTHER RELATIVES
			OTHERS

11. Has this child/adolescent, to your knowledge experienced any of the following:

YES	NO	DON'T KNOW	IF YES, WHAT AGE	AGE	COMMENTS
			DEATH OF PARENT		
			DEATH OF A CLOSE RELATIVE		
			PARENTAL SEPARATION OR DIVORCE(S)		
			ACCIDENT OR SERIOUS INJURY		
			HOSPITALIZATION OR SURGERY		
			PROLONGED SEPARATION FROM PARENT(S)		
			PHYSICAL ABUSE		
			SEXUAL ABUSE		
			WITNESSED VIOLENCE TOWARDS FAMILY MEMBERS		
			OTHER HIGHLY STRESSFUL OR TRAUMATIC EXPERIENCES		

			OTHER/ PEASE LIST:		
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12. If you wish, you may comment on any emotional problems of anyone close to the child/adolescent which could affect the child/adolescent:

13. Additional Comments or Concerns:

14. Please place an "X" by each of the items listed below that identifies strengths in the child/adolescent:

A. Coping Resources:

- | | |
|---|--|
| <input type="checkbox"/> Good Worker – thorough | <input type="checkbox"/> Courageous |
| <input type="checkbox"/> Patient | <input type="checkbox"/> Responsible |
| <input type="checkbox"/> Tolerant | <input type="checkbox"/> Honest, generally |
| <input type="checkbox"/> Learns from experience | <input type="checkbox"/> Creative |
| <input type="checkbox"/> Makes good decisions, | <input type="checkbox"/> Enthusiastic |
| <input type="checkbox"/> Athletic | <input type="checkbox"/> Adaptable |
| <input type="checkbox"/> Healthy | <input type="checkbox"/> Flexible |
| <input type="checkbox"/> Physically strong | <input type="checkbox"/> Not easily upset |
| <input type="checkbox"/> Coordinated | |

- ___ Cheerful/Optomistic
- ___ Follows directions
- ___ Dependable, generally
- ___ Persistent/Determined
- ___ Assertive

Coping resources:
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___ Independent

- adults ___ Liked by
- ___ Close relationships with, one or more adults
- ___ Close relationships with one or more friends
- peers ___ Liked by
- ___ Cooperative
- ___ Outgoing
- ___ Caring
- ___ Talkative
- ___ Confides and seeks support from on or both parents
- ___ Appropriate choice of friends
- ___ Has one or more good role models

B. Social Skills and Support:

___ Average or (+)
 intelligence
 ___ Good
 memory

- ___ Cares about appearance
- ___ Can compromise and share
- ___ Nurturing towards young children
- ___ Helpful, Supportive
- ___ Accepts comfort and guidance
- ___ Expresses feelings and problems
- ___ Respects others
- ___ Confides and seeks support from one or more friends
- ___ Takes care of pets
- ___ Active in community (Scouts, sports, church groups, etc.)

C. Self-Esteem:

- ___ Likes self
- ___ Self-forgiving, doesn't dwell on mistakes
- ___ Cares about the future
- ___ Feels capable
- ___ Confident

___ Recognizes own strengths and skills

D. OTHER STRENGTHS:
