

Child's Name: \_\_\_\_\_

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## DEVELOPMENTAL HISTORY QUESTIONNAIRE

Caregivers: This questionnaire has been prepared to allow review of your child's early development in a variety of areas, which may not be obviously relevant to the reason your child will be seen in my office. Please take the time to complete each of the following pages as thoroughly as possible, and feel free to add your comments and elaborations on the reverse of any page. Thank you, in advance, for your time and effort with this form.

### DEMOGRAPHICS

1. This child's full name is: \_\_\_\_\_
2. The child's date of birth is: \_\_\_\_\_
3. This child's present primary address is: \_\_\_\_\_  
\_\_\_\_\_

**SEPARATION AND DIVORCE:** If this child's caregivers have separated or divorced any time since the child's birth, please indicate on the reverse (a) dates of separations, reunion, divorce and remarriages, as applicable; (b) the legal conditions of visitation and custody; and (c) your feeling about whether this child was successfully kept out of the middle of the divorce.

**FOSTER CARE AND ADOPTION:** If this child is or has been in foster care, or is adopted, please indicate on the reverse (a) dates and reasons for foster care; (b) plan for return to or contact with other caregivers; and/or (c) details and history about natural parents/ reasons for adoption.

4. The name of the person completing this form is: \_\_\_\_\_
5. This child is presently in the \_\_\_\_\_ grade.
6. How would you describe this child's physical appearance? *(Include a photo if you wish)*  
\_\_\_\_\_  
\_\_\_\_\_

7. Has this child reached puberty? YES NO.

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8. Has this child ever been in psychotherapy before? YES NO.  
Please elaborate on reverse.
9. This child's response upon learning that s/he has been referred for psychological services was:  
\_\_\_\_\_ "No way! I'm not going!"  
\_\_\_\_\_ "I'll give it a try."  
\_\_\_\_\_ Child requested services.  
\_\_\_\_\_ "Okay, if I have to..."  
\_\_\_\_\_ Child doesn't know yet.

### CONCEPTION AND DELIVERY

10. Was this child's conception planned? YES NO.
11. How long was necessary to become pregnant? \_\_\_\_\_ Months.
12. What was the reaction to learning of the pregnancy?  
Father: \_\_\_\_\_  
Mother: \_\_\_\_\_
13. Was the baby carried to term (*9 months*)? YES NO.
14. Birth Weight: \_\_\_\_\_ pounds and \_\_\_\_\_ ounces.
15. Birth Length: \_\_\_\_\_ inches.
16. During pregnancy, the child's natural mother did which of the following?  
\_\_\_\_\_ Smoked Tobacco  
\_\_\_\_\_ Drank Alcohol  
\_\_\_\_\_ Was Injured or Fell  
\_\_\_\_\_ Had Serious Illness/Surgery  
\_\_\_\_\_ Used Prescription Drugs. Please Specify: \_\_\_\_\_  
\_\_\_\_\_ Experienced Other Major Stress. Please Specify: \_\_\_\_\_
17. Please indicate which of the following was true of delivery:  
\_\_\_\_\_ Vaginal Delivery  
\_\_\_\_\_ Cesarean Section  
\_\_\_\_\_ V-Back  
\_\_\_\_\_ Mother Had General Anesthetic  
\_\_\_\_\_ Mother and Child Had Skin-to-Skin Contact After Birth  
\_\_\_\_\_ Baby Experienced Fetal Distress. Please Specify: \_\_\_\_\_
18. What were the child's APGAR scores? \_\_\_\_\_ and \_\_\_\_\_

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19. Did mother or child experience medical complications following delivery?  
YES NO. Please elaborate on reverse.

20. Mother returned home \_\_\_\_\_ days after delivery.  
Child returned home \_\_\_\_\_ days after delivery.

INFANCY AND TODDLER YEARS (*Approximately ages 0 - 2 years old*)

21. Please check in the boxes below which caregiver was primarily responsible for each of the activities listed at left.

ACTIVITY	MOTHER	FATHER	OTHER (Please Specify)
Feeding	_____	_____	_____
Bathing	_____	_____	_____
Diapering	_____	_____	_____
Responding to Crying	_____	_____	_____
Playing	_____	_____	_____

22. Was this child breast-fed? YES NO.  
If so, s/he was weaned at \_\_\_\_\_ months old.

23. Did you feel that any of the child's early behaviors were "odd" or "unusual"?  
YES NO. Please elaborate on reverse.

24. Please note the approximate ages at which this child consistently was able to do each of the following:

_____ Sits Alone	_____ Stands Unassisted
_____ Rolls Over Unassisted	_____ Says First Words
_____ Walks Unassisted	_____ Says First Sentences
_____ Sleeps Through Night	_____ Full Bowel Control
_____ Fears Strangers	_____ Full Urine Control
_____ Shared Toys with Others	_____ Scribbled with a Crayon

25. What three adjectives best describe this child during infancy and toddler years? (*examples include: Cuddly; Distant; Curious; Demanding; Loner; Clingy; Hyper; Tense; Loving; Angry*)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

26. What was the most difficult part of this child's first two years?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Did the child experience any illness, injury or prolonged separations during the first two years? YES NO. Please elaborate on reverse.

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PRESCHOOL YEARS (*Approximately ages 2 - 5 years old*)

28. Please use the table below to indicate how this child responded to others during these years:

ACTIVITY	HAPPY	INDIFFERENT	UPSET
Held by Mother	_____	_____	_____
Plays Near Mother	_____	_____	_____
Mother Leaves Child	_____	_____	_____
Held by Father	_____	_____	_____
Plays Near Father	_____	_____	_____
Father Leaves Child	_____	_____	_____
Stranger Approaches	_____	_____	_____
Stranger Holds Child	_____	_____	_____

29. Please note the approximate ages at which this child consistently was able to do each of the following:

- \_\_\_\_\_ Tie Shoes
- \_\_\_\_\_ Dresses Unassisted
- \_\_\_\_\_ Bathes Unassisted
- \_\_\_\_\_ Cleans Up when asked
- \_\_\_\_\_ Brushes Own Teeth
- \_\_\_\_\_ Began Day Care
- \_\_\_\_\_ Birth of next sibling
- \_\_\_\_\_ Began preschool
- \_\_\_\_\_ Shares/cooperates
- \_\_\_\_\_ Began Kindergarten
- \_\_\_\_\_ Writes Own Name
- \_\_\_\_\_ Reads Short Words

30. Did this child have a favorite object (*toy, animal*) which seemed to comfort him/her?

YES NO. If YES, Child gave up object at age \_\_\_\_\_.

31. Please describe any rules, rewards or punishments used routinely with the child between the ages of 2 and 5 years old, approximately:

Rule or Expectation: Reward or Incentive Punishment or Consequence  
(*examples*):

- A. Put toys away.
- B. Eat all of supper.
- C. Earn allowance.
- D. Get dessert.
- E. Toys are taken away.
- F. None.

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ELEMENTARY SCHOOL YEARS (*Approximately ages 6 - 11 years old*)

HAS THIS CHILD...?

32. Had any prolonged absences from school? YES NO.

33. Failed or repeated any grade? YES NO.

34. Had psychological testing of any kind? YES NO.

35. Had speech and language or audiological testing? YES NO.

36. Ever been suspended or expelled from any activity? YES NO.  
Please elaborate on reverse.

37. What three adjectives best describe this child's attitude toward school and learning? (*Examples: excited, avoidant, bored, resentful, enthusiastic, motivated, disgusted, indifferent.*)  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

38. In elementary school, this child's...

FAVORITE SUBJECT was: \_\_\_\_\_

BEST SUBJECT was: \_\_\_\_\_

WORST SUBJECT was: \_\_\_\_\_

39. Please indicate what EXTRA-CURRICULAR or CURRICULAR activities this child participated in:

ACTIVITY AGES ENJOYED PARTICIPATING SUCCESSFUL IN ACTIVITY?

ACTIVITY	AGES	ENJOYED PARTICIPATING	SUCCESSFUL IN ACTIVITY?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

40. In elementary school, this child wanted to be a \_\_\_\_\_  
when s/he grows up.

41. During these same years, did this child...

A. Know the names of male and female body parts? YES NO.

B. Understand "where babies come from?" YES NO.

C. Show any interest in sexual activity? YES NO.

D. Act out in a sexualized manner? YES NO.

E. Engage in sexual activities with others? YES NO.

FAMILY AND HOME

If anyone else lives in the same home with the child? (*Examples: roommate*):  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

43. The child presently lives in:  
House \_\_\_ Trailer \_\_\_ Apartment \_\_\_ Single Family Home \_\_\_ Other \_\_\_\_\_

44. Does this child share a bedroom with anyone? YES NO.  
If YES, please specify whom: \_\_\_\_\_

45. Please list the places where this child has resided since birth. Continue on the reverse, if necessary:

LOCATION	BETWEEN AGES	LIVED WITH WHOM
_____	_____	_____
_____	_____	_____
_____	_____	_____

46. Please describe any household chores or responsibilities asked of the child:  
Rule or Expectation: Reward or Incentive Punishment or Consequence:  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**REASON FOR REFERRAL**

47. Please briefly state the reason this child has been referred for psychological services:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

48. Please indicate below which of the following are concerns about this child. Do not mark items that are not of concern. Indicate severity of concern as follows:

- XXX MOST SEVERE and IMPORTANT
- XX LESS SEVERE
- X PROBLEMS, BUT NOT SEVERE
- \_\_\_ A. TOILETING: Bedwetting, Soiling, Smearing, Regressed to Diapers, Constipation
- \_\_\_ B. EATING: Refuses to Eat, Compulsion to Eat, Picky Eater, Vomiting/Purging, Obesity
- \_\_\_ C. SLEEPING: Difficulties Falling Asleep, Night Waking, Sleep Apnea, Sleep-Walking, Terrors
- \_\_\_ D. ATTENTION: Inattention, Distractible, Can't Concentrate

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- E. AGGRESSION: Fighting/Bullying, Setting Fires, Hurting Animals, Destroying Property
- F. SELF-DESTRUCTIVE: Cuts, Hits, Kicks, Burns, Self, Bangs Head, Risk Taking
- G. SOCIAL SKILLS: No Friends, Prefers Younger/Older Peers, Loses Friends Quickly
- H. DEPRESSION: Withdrawal, Isolation, Low Energy, Hopeless, Sad, Helpless
- I. ACTIVITY LEVEL: Over-Active, Hyper-Active, Out of Control, Inactive, Passive
- J. CONFUSION: Disoriented, Forgetful, Memory Impairments, Odd Statements
- K. MOVEMENT PROBLEMS: Twitches, Tics, Paralysis, Seizures, Weakness, Compulsions
- L. SCHOOL/WORK PERFORMANCE: Falling Grades, Fired or Expelled, Refuses to Attend
- M. SEXUAL: Preoccupation, Intrusive Ideas, Exposing Self, Touching Others, Role Confusion
- N. ABUSE/TRAUMA: Victim of Sexual/Physical/Emotional/Verbal Abuse, Accident, Injury
- O. SEPARATION/LOSS: Death, Divorce, Relocation
- P. OPPOSITIONAL/DEFIANT: Disrespectful, Defies Authority, Disobedient
- Q. DELINQUENT: Theft, Assault, Police Involvement, CHINS
- R. DRUGS AND ALCOHOL: Experimentation, Abuse, Addiction, Peer Pressure
- S. MEDICAL PROBLEM: Chronic Illness, Terminal Illness, Medication Compliance

## MEDICAL STATUS

49. Has this child ever ...? Please elaborate on the reverse.

- A. required major surgery of any kind? YES NO
- B. had seizures, black outs or "lost" time? YES NO
- C. lost consciousness? YES NO
- D. had heart or lung diseases? YES NO
- E. had an infectious disease? YES NO
- F. had a head injury? YES NO
- G. required hospitalization? YES NO

50. Are this child's immunizations up to date? YES NO

51. Does this child complain of chronic physical discomfort. YES NO  
Please elaborate on reverse.

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52. Please list the child's current medications:

MEDICATION	DOSAGE	FREQUENCY/DAY	PRESCRIBED BY?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

53. The date of the child's last complete physical was: \_\_\_\_\_

54. Please indicate here any known family history of physical (*example: Epilepsy, Diabetes*) or psychiatric (*example: Depression, Anxiety*) illness/disorder:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THANK YOU FOR YOUR PARTICIPATION!