



PARENT SURVEY

Developmental History Questionnaire

This form is intended to be completed by the student's parent or by someone who has access to early developmental history for the student.

Student's name: _____

Completed by: _____

Relationship to student: _____

Date completed: _____

When the form is completed, please log in to TheraNest, compose a secure message and attach the completed document.

DEVELOPMENTAL HISTORY QUESTIONNAIRE

To be completed by parent or other caregiver with knowledge of this person's early development

Student name: _____ Age: _____

Today's date: _____ Student birth date: _____

Current year in school: _____

PRENATAL HISTORY

Were there any complications during pregnancy with this child? No Yes Don't Know

If yes, please describe:

Was the child born on schedule? No Yes

If "no," how many weeks gestation? _____

The delivery was: Normal Breech Cesarean Forceps Induced

Was there anything unusual about the delivery or birth? No Yes Don't Know

If yes, please describe:

POSTNATAL PERIOD AND INFANCY

Did the child have any health problems at birth or during infancy? No Yes Don't Know

If yes, please describe:

CHILDHOOD HEALTH STATUS:

Has (s)he had any chronic health problems, significant illnesses or surgeries? No Yes Don't Know

If yes, please describe.

Has s/he ever had a head injury/concussion/loss of consciousness? No Yes Don't Know

If yes, please provide details, including whether medical attention was required.

Please indicate whether you were concerned about any of the following when this person was a child or adolescent. **Please provide details (e.g., when the problem began/ended; severity of the problem; how it was addressed).**

<i>Developmental delays (including motor problems, handwriting, speech problems, or abnormal reactions to sensory stimulation)</i>
<i>Behavior problems at home or school (please comment on capacity for self-control)</i>
<i>Emotional problems at home or school (e.g., overreactions, mood swings, fears/anxiety, temper)</i>
<i>Academic or learning problems (any special education classes, 504 Plan or IEP?)</i>
<i>Social interaction problems (with peers and/or siblings)</i>

Did (s)he ever had any of the following forms of mental health treatment during childhood/adolescence? If yes, please describe below:

Type of treatment	Reason & Response to Treatment
<i>Individual therapy/counseling</i>	
<i>Family therapy/counseling</i>	
<i>Medication for mood, anxiety or behavior</i>	
<i>Psychiatric hospitalization</i>	
<i>Alcohol & Drug Treatment</i>	

Please circle the number next to each item below that best describes the behavior of the person being rated WHEN (S)HE WAS A CHILD AGES 5 TO 12 YEARS OLD.

	Never or rarely	Some of the time	Often	Very often
1 Had trouble paying close attention to details or made careless mistakes in homework, tests or other activities; or labored over detailed tasks too long.	1	2	3	4
2 Not able to keep attention on tasks or fun activities for long; quickly became bored with activities.	1	2	3	4
3 Didn't listen when spoken to directly; not aware (s)he was being spoken to; questions or instructions had to be repeated often.	1	2	3	4
4 Didn't follow through on instructions (especially if more than one step); had difficulty finishing projects, assignments or chores unless closely supervised	1	2	3	4
5 Had difficulty organizing tasks and activities; left things for the last minute; had a messy room or workspace; had a poor sense of time and often late	1	2	3	4
6 Avoided, disliked, or was reluctant to engage in tasks (like homework) that required sustained mental effort or concentration; procrastinated.	1	2	3	4
7 Lost things necessary for tasks or activities (e.g., backpack, homework, clothing); often left things behind.	1	2	3	4
8 Was easily distracted by irrelevant thoughts or by noises or events, including others' conversations.	1	2	3	4
9 Was forgetful in daily activities like daily chores, handing in homework, etc.; had to be frequently reminded of things.	1	2	3	4
10 Fidgeted with his/her hands or feet or squirmed in his/her seat; often told to "sit still"	1	2	3	4
11 Left his/her seat in classrooms or in other situations (e.g., during meals) in which remaining seated was expected; made excuses to walk around	1	2	3	4
12 Shifted around excessively or felt restless or hemmed in; always ran around and climbed inappropriately; had difficulty relaxing overactive	1	2	3	4
13 Had difficulty engaging in leisure activities quietly (felt uncomfortable, or was loud or noisy); was always asked to be quieter or calm down	1	2	3	4
14 Seemed "on the go" or acted as if "driven by a motor" much of the time; excessively active, lots of energy	1	2	3	4
15 Talked excessively; others found his/her talking to be tiring; in trouble at school for talking too much	1	2	3	4
16 Blurted out answers before questions had been completed, interrupted others before sentences were finished; said things without thinking	1	2	3	4
17 Had difficulty awaiting his/her turn; always the first to talk or act; excessively impatient	1	2	3	4
18 Interrupted, disturbed or intruded on others; quick to interfere or take over; had difficulty respecting the boundaries of others	1	2	3	4

Please indicate the approximate age when the above behaviors first became a problem: _____