

Developmental and Behavioral Questionnaire (ages 1-8 Years)
Georgetown University Child Psychiatry Division

Child's name _____ **Date of Birth** _____ **Today's date** _____

Please briefly describe your major concern about your child that is leading you to seek help:

Pregnancy, delivery, early history

1. Planned pregnancy? yes no 2. Mother's age at delivery _____ 3. Problems during pregnancy? No Yes(describe)

4. Length of gestation: Fullterm Premature(weeks?) _____ Late(weeks?) _____
Birthweight _____

5. Problems at delivery or postpartum? No Yes(Describe) _____

6. Developmental concerns in first two years?(circle and add comments if needed)

Motor development (crawling, walking) No Yes

Using words No Yes

Understanding things you say No Yes

Behavior No Yes(describe) _____

7. Health issues in first 2 years? Minor colds/ear infections? Yes No Other health issues (describe)

8. Health specialists or therapists currently or previously following child? (Name and describe) _____

9. Does your child have any vision or hearing problems No Yes(describe) _____

Feeding behavior

10. Discontinued bottle? No Yes(age) _____ 11. Uses utensils? No Yes

12. Accepts a wide variety of food Yes No (what will child eat?) _____

13. Sits through a meal? Yes No
(Describe)_____

Sleep behavior

14. Sleeps the night? Yes No (Describe)_____

15 Sleeps in her/his own bed? Yes No(Describe)_____

16. Has a regular bedtime? No Yes(time?)_____

17. Problems with sleep routine? No Yes (Describe) _____

Toileting

18 Is child toilet trained? Bladder No Yes(at age)_____ Bowel No Yes(at age)_____

19 Problems with bedwetting? No Yes Daytime accidents? No Yes

20 Other toileting concerns? No Yes(describe)_____

Morning routine

21. Can the child dress him/herself? Yes No
Describe any problems with morning routine _____

Education

22. Is child in a school or group program? No Yes Name of program_____
Grade____

Previous schools attended;

1. _____ Dates _____

2. _____ Dates _____

3. _____ Dates _____

23. Any school or daycare concerns? No Yes (Describe any problems with reading, math, and/or behavior)

(use reverse if needed)

24. Has any previous psychological or educational testing been done? No Yes (When and by whom?) _____

(Please bring copies of reports to first appointment)

Current Health

25. Who is child's current doctor? Name_____ location_____

26 Does child have any current health issues No Yes (describe)_____

27. Is the child on any medications? No Yes (describe)_____

Who prescribed? Name_____

28. Has your child previously been evaluated by a psychiatrist or other mental health professional No Yes (give names and dates)_____

(Please bring reports to first appointment)

29. Has your child received any previous therapy, counseling or medication for emotional, behavioral or educational problems No Yes (give names and dates)_____

30. What do you see as your child's biggest strengths? Please describe._____

Relationships

31. Who lives in the home with the child ?

Name_____ relationship_____

Name_____ relationship_____

Name_____ relationship_____

Name_____ relationship_____

Name_____ relationship_____

Name_____ relationship_____

Name_____ relationship_____

Name_____ relationship_____

32 Does the child have a parent not living in the home? No Yes (How often does the child see that parent?)_____

33 Are there any current marital conflicts or problems? No Yes(Describe)_____

34. Has the child experienced any significant trauma or stresses? No Yes(Describe)_____

35. Do you have concerns about the child's relationship with any family members? No Yes (Describe)_____

36. Do you have concerns about the child's relationship with other adults? No Yes (describe)_____

37. Do you have concerns about the child's relationship with other children? No Yes
(describe)_____

38. Is there a history of mental health problems in the family? No Yes (Describe type and
what family member)

Family demographic information (optional)

1. Zip code _____

2. Child's ethnicity: African American Hispanic Asian White Other
(Describe)_____

3. Child's parents' marital status (check)___ married
___ divorced ___ separated ___ never married- together ___ never married-separated

4. Mother's highest level of education	Father's highest level of education
___ not completed High School	___ not completed High School
___ High school diploma or GED	___ High school diploma or GED
___ Some college	___ Some college
___ College degree	___ College degree
___ Graduate degree	___ Graduate degree

5. Family's annual income
___ less than \$25,000
___ \$25,000-\$75,000
___ \$76,000-\$125,000
___ \$126,000-175,000
___ greater than \$175,000