Developmental and Behavioral Questionnaire (ages 9-18 Years)
Georgetown University Child Psychiatry Division

Child's name_____ Date of Birth_____ Today's date_____
Chief concerns
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 comment if needed)
Motor development (crawling, walking) No Yes
Using words No Yes
Understanding things you say No Yes
Behavior No Yes(describe)_____

7. Any early health issues? No Yes (describe)_____

_____

8**.** Health specialists or therapists previously or currently following child? (Name and describe)_____
9. Does your child have any vision or hearing problems No Yes(describe)_____

Nutrition

10.. .Do you have concerns about your child's eating behavior or food choices? No Yes(Describe)

_____

_____

Sleep behavior

11**.** Does your child have a regular bedtime? No Yes What time does your child tend to get to sleep?_____

12. Does your child have problems getting to or staying asleep? No Yes (Describe) ___

_____

Morning routine

13. Does the child have any problems getting ready for school in the morning? No Yes (Describe)_____

_____

Education

14**.** What is the name of the child's current school? _____ Grade_____

Previous schools attended

1._____Dates_____

2._____Dates_____

3._____Dates_____

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

_____

_____

_____

(use reverse if needed)

16 Has the child been retained for any grade? No Yes (which grade?)_____

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

_____

(Please bring copies of reports to first appointment)

18 Is the child receiving any educational support services No Yes (Describe)_____

_____

19. Is your child involved in any extracurricular activities? No Yes (Describe)_____

_____

20. Do you have concerns about how much time your child spends or the content of what he/she attends to on the computer? No Yes (Explain)_____
_____

Current Physical and Emotional Health

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

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

23. Is the child on any medications? No Yes (describe)_____
_____
Who prescribed? Name_____

24. 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)

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

26. Has your child been hospitalized for psychiatric treatment? No Yes (where and when?_____

27. To the best of your knowledge, has your child used: Alcohol? No Yes, Cigarettes? No Yes, Marijuana? No Yes Other illicit drugs? No Yes. Do you have concerns related to substance use? No Yes (Describe)_____

28. Has your child been involved with the police or juvenile justice authorities? No Yes (Why and when?)_____

29 Is your child sexually active? No Yes

30. Has your child exhibited any self-destructive or injury behavior or do you have concerns that he/she might hurt him/herself? No Yes(describe)_____
_____
31. What do you see as your child's biggest strengths? Please describe._____
_____

Relationships

32. Who lives in the home with the child ?
Name_____ relationship_____
Name_____ relationship_____
Name_____ relationship_____

Name_____ relationship_____
Name_____ relationship_____
Name_____ relationship_____
Name_____ relationship_____
Name_____ relationship_____

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

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

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

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

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

38. Do you have concerns about the child's relationship with any peers? No Yes (describe)_____

39 . 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 ethnicit**y:** 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
_____Not completed high school
_____High school diploma or GED
_____ Some college
_____ College degree
_____Graduate degree

Father's highest level of education
_____not completed high school
_____High school diploma or GED
_____Some college
_____College degree
_____Graduate degree

5. Family's annual income (check)
___less than $25,000 ___$25,000-$75,000 ____$76,000-$125,000
__$126,000-175,000 ____greater than $175,000