

## DEVELOPMENTAL QUESTIONNAIRE

Child's Name:

Gender:                    M            F

Birthdate:

Grade in school:

Relation to Child of person completing form:

### GESTATIONAL RISK FACTORS

Did any of these occur during the pregnancy?

- |                             |   |   |     |
|-----------------------------|---|---|-----|
| • Mother took medication    | Y | N | N/A |
| • Mother smoked cigarettes  | Y | N | N/A |
| • Mother drank alcohol      | Y | N | N/A |
| • Mother used illicit drugs | Y | N | N/A |
| • Premature birth           | Y | N | N/A |
| ○ IF YES, GESTATIONAL AGE   |   |   |     |

### DELIVERY RISK FACTORS

How about at the time of birth, did any of these occur?

- |  |   |   |     |
|--|---|---|-----|
| • Fetal distress                         | Y | N | N/A |
| • Low birth weight (<5 pounds or 2000 g) | Y | N | N/A |
| • Anoxia (lack of oxygen, blue baby)     | Y | N | N/A |

### INFANT BEHAVIOR

As an infant and toddler, did your child exhibit any of the following?

- |   |   |   |     |
|---|---|---|-----|
| • High activity level – Unusually active            | Y | N | N/A |
| • Impulsive   | Y | N | N/A |
| • Fearful   | Y | N | N/A |
| • Fearless  | Y | N | N/A |
| • Accident prone                                    | Y | N | N/A |
| • Short attention span                              | Y | N | N/A |
| • Irritable   | Y | N | N/A |
| • Poor adaptation to change – slow to accept change | Y | N | N/A |
| • Colic   | Y | N | N/A |
| • Have frequent temper tantrums                     | Y | N | N/A |
| • Eating problems                                   | Y | N | N/A |
| • Sleep problems                                    | Y | N | N/A |
| • Clumsiness  | Y | N | N/A |

- Rigid, tense instead of cuddly Y N N/A
- Slow to walk Y N N/A
- Slow to talk Y N N/A
- Difficult to potty train Y N N/A

ENVIRONMENTAL RISK FACTORS

As a child or adolescent, did your child experience any of the following?

- Significant financial disadvantage Y N N/A
- Neglect Y N N/A
- Extreme family stress Y N N/A

MEDICAL HISTORY

RISK FACTORS

Did your child have any of the following?

				If yes, was this treated?		
Tics	Yes	No	N/A	Yes	No	N/A
Hearing problems	Yes	No	N/A	Yes	No	N/A
Vision problems	Yes	No	N/A	Yes	No	N/A
Lead poisoning	Yes	No	N/A	Yes	No	N/A
Head injury	Yes	No	N/A	Yes	No	N/A

ACADEMIC HISTORY

INDICATE OVERALL PERFORMANCE IN EACH GRADE:

Grade	Academic Performance			Grade	Behavioral Performance		
	Poor	Fair	Good		Poor	Fair	Good
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
9				9			
10				10			
11				11			
12				12			

Did any of the following ever occur?

	Grade													
	Pre-K	K	1	2	3	4	5	6	7	8	9	10	11	12
Achieved failing grades														
Retained														
Took special classes														
Evaluated by school														
Labeled by school														
Had learning difficulties														
Received tutorial assistance														
Suspended from school														
Expelled from school														
Reading problems														
Arithmetic problems														
Writing problems														
Performance was variable or unpredictable														
Told wasn't achieving up to his/her potential														
Diagnosed with a learning disability														

PSYCHIATRIC HISTORY

- Has your child been diagnosed with ADHD or ADD? Y N N/A

Has your child ever been diagnosed with any of the following disorders?

- Oppositional Defiant Disorder? Y N N/A
- Conduct Disorder? Y N N/A
- Tic Disorders (e.g., Tourettes)? Y N N/A
- Learning Disorders or Learning Disabilities? Y N N/A
- Language or Communication Disorders? Y N N/A
- Eating Disorders (e.g., anorexia or bulimia)? Y N N/A
- Feeding Disorder (e.g., pica)? Y N N/A
- Intellectual Disability? Y N N/A
- Pervasive Developmental Disorder or Autism? Y N N/A
- Enuresis (i.e., bedwetting) Y N N/A
- Encopresis (i.e., soiling)? Y N N/A
- Depression? Y N N/A
- Bipolar Disorder? Y N N/A
- Separation Anxiety? Y N N/A
- Social Phobia? Y N N/A
- Generalized Anxiety Disorder? Y N N/A

- Post-Traumatic Stress Disorder? Y N N/A
- Obsessive-Compulsive Disorder? Y N N/A
- Panic Disorder? Y N N/A
- Has he/she ever seen a professional such as a counselor, psychologist or psychiatrist for any reason? Y N N/A
- Did he/she take medication for any psychological/psychiatric problem? Y N N/A

	Medication 1			Medication 2			Medication 3		
Drug Name									
Prescribed By									
Age Started									
Age Stopped									
For what problems									
Total daily dose									
Benefits									
Side Effects									
Is he/she taking this medicine currently?	Y	N	N/A	Y	N	N/A	Y	N	N/A

#### FAMILY HISTORY RISK FACTORS

Is there anyone in immediate family (parents, brothers or sisters) who you think may have or had ADHD, whether or not they were actually diagnosed or treated? If yes, who?

Relationship to Patient?	Diagnosed?			Treated?		
	Yes	No	N/A	Yes	No	N/A
	Yes	No	N/A	Yes	No	N/A
	Yes	No	N/A	Yes	No	N/A
	Yes	No	N/A	Yes	No	N/A
	Yes	No	N/A	Yes	No	N/A

How about other relatives (aunts, uncles, grandparents, cousins, nieces, nephews) anyone that you think may have ADHD? If yes, who?

Relationship to Patient?	Diagnosed?			Treated?		
	Yes	No	N/A	Yes	No	N/A
	Yes	No	N/A	Yes	No	N/A
	Yes	No	N/A	Yes	No	N/A
	Yes	No	N/A	Yes	No	N/A
	Yes	No	N/A	Yes	No	N/A

Do any of your relatives have any of the following psychological/psychiatric disorders?

				Relationship
Depression	Yes	No	N/A	
Manic-depression (or Bipolar Disorder)	Yes	No	N/A	
Anxiety or lots of worrying	Yes	No	N/A	
Alcohol abuse	Yes	No	N/A	
Other Substance Abuse	Yes	No	N/A	
Conduct problems, trouble with the law	Yes	No	N/A	
Learning problems	Yes	No	N/A	