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Please complete this questionnaire about your child's growth and development, answering each question as completely as you can. If you need more space, feel free to use the reverse side of each page.

Name of Child: Birth date:
 Birthplace:
 Address: Grade:
 Telephone: School:
 Teacher/Counselor:

Please describe your concerns about your child.

Family Constellation:

<u>Name</u>	<u>Age</u>	<u>Education</u>	<u>Occupation/Place of Work/Phone</u>
Mother:			
Father:			
Step-parent(s):			
Siblings:			

Other Members of Household:
 Name: Relationship:

Pets (name, type):

Parents' Marital Status:

Living together _____ Separated _____ Divorced _____ Widowed _____ Remarried _____
 Years married _____ Dates of: marriage _____ divorce _____ remarriage _____
 If divorced, is there a **custody** agreement? _____ Describe: _____

PLEASE PROVIDE A COPY OF THE CUSTODY AGREEMENT

How long have you lived in your **present home**? _____ List prior residences, and length of time you lived there:

Name of Child:

Date:-

School History:

Please summarize your child's progress (e.g. academic, social, behavioral) within each of these grade levels:

Name of School/Program Location Length of Attendance

Nursery School/Child Care: Yes___ No___ Please describe:

Kindergarten: Location:

Grades 1 through 3:

Grades 4 through 6

Grades 7 through 12

Retention in grade? Yes___ No___ If **yes**, When/grade, Reason:

School suspensions? Yes___ No___ If **yes**, When/grade, Reason:

Acceleration? Yes___ No___ If **yes**, when/grade?

Day Camp? Yes___ No___ If **yes**, age(s)?

Residential Camp? Yes___ No___ If **yes**, age(s)?

Academic Tutoring? Yes___ No___ If **yes**, where?

By whom? _____ When? _____ How often? _____

Psychological **Testing**? Yes___ No___ Date _____ By whom? _____

Reason _____

Child Study Team involvement? Yes___ No___ Date(s) _____

Reason _____

Outcome _____

Could you briefly describe your **child's attitude towards school** when he/she **first began**?

Has this attitude changed very much?

Describe your child's **academic and social adjustment** in school:

Developmental History:Pregnancy and Birth:

Drugs taken during pregnancy; what about coffee or other caffeine? cigarettes? beer, wine or hard liquor?:

Age of mother when child was born _____ Mother's **health** during pregnancy:

a: Mother's **mood**: nervous, unusually happy, moody, etc. Please describe:

b: **Physical condition/problems**: (check all that apply, describe below)

Anemia _____ High Blood Pressure _____ Viral Diseases _____ Toxemia _____
 Bleeding _____ Illnesses _____ Headaches _____ Accidents/falls _____
 Other _____

Was the child **planned**? Yes ___ No ___

Was there any **unusual stress** due to outside events or your living situation during the pregnancy? Yes ___ No ___
 Describe:

Delivery:

Length of labor _____ Instruments used? Yes ___ No ___ Was labor induced? Yes ___ No ___
 Duration of labor _____ Indications of fetal distress during labor or birth? Yes ___ No ___ DK ___
 Was **labor** difficult ___ or easy ___ Anesthesia: Local ___ General ___ Spinal ___
 Was delivery Normal ___ Breech ___ Caesarian ___ Forceps ___ Induced ___
 Birth weight _____ Full term ___ Premature ___ Post-mature ___
 Did the baby **breathe** on its own and easily? Yes ___ No ___
 Did the baby need oxygen/other **medical assistance**? If **yes**, please describe

Problems with the **baby's health**, such as injury, blueness, jaundice, paralysis, excessive crying? Describe:

Infancy:

Do you recall the baby's response to **nursing**?

Active ___ Eager ___ Had to be encouraged ___ Colic ___ Difficulty sucking ___ Other _____

Breast fed ___ Bottle fed ___ Age weaned _____

Feeding schedule: Demand ___ Time schedule ___ Other _____

Infancy feeding problems?

Were there times when the baby had the following:

Frequent spells of colic _____
 Frequent episodes of diarrhea _____
 Frequent periods of constipation _____
 Frequent episodes of vomiting _____
 Abnormal crying _____

What **attitude or mood** did the baby seem to express most of the time? For example, happy, smiling and laughing, "cuddly," whining, seemed in pain, sad, "old"? Please describe:

Describe your **child's activity level** during the first few months of life: check one:

___ Very active (squirming, wiggling, kicking) so that it caused concern.

___ Little physical activity (little increase in movement, interest or response even when hungry or played with).

Name of Child:

Date:-

Page 4

___ Active when awake and played with, but equally observed to play quietly and to be generally relaxed.

Were there early infancy **sleep pattern** difficulties? Yes___ No___

Were there any **health** problems during infancy? Describe:

During the baby's first few years of life, was there anything --even if it had nothing to do with the baby-- that caused **unhappiness or anxiety**, or that placed the mother or father under special **stress or strain**? If so, please describe:

How did the baby **behave** with other people?

___ More sociable than average

___ Average sociability

___ More unsociable than average

Childhood:

Toilet training:

Age training began _____ Age stopped wetting during day: _____ Age stopped bedwetting at night: _____

Age established _____ Age bowel control established _____ Relapses? _____

Approximately how much time did toilet training take from onset to completion? _____

Language:

Age when spoke: Single Words _____ Sentences _____ Stuttering or repetitions? _____ Describe:

Motor development:

Age when: Sat up _____ Crawled _____ Walked _____

Hand Preference: Left _____ Right _____

Current Behavioral Concerns:

Did/does your child have any kinds of **extreme behaviors**, angry reaction, or tantrums that caused you concern (ex. screaming, throwing things, hurting others, hurting him/herself, hurting animals, rocking, head-banging, breath-holding, rocking, withdrawing, etc.)? Please describe:

What strategies have been implemented to address these problems?

Verbal reprimands _____ Physical punishment _____ Withholding privileges _____

Time out (isolation) _____ Acquiescence to child _____ Withholding approval or affection _____

Removal of privileges _____ Avoidance of child _____ Rewards _____

What other methods of **discipline** have you used?

On the average, what percentage of the time does your child comply with initial commands:

0-20%__ 20-40%__ 40-60%__ 60-80%__ 80-100%__

On the average, what percentage of the time does your child eventually comply with commands:

0-20%__ 20-40%__ 40-60%__ 60-80%__ 80-100%__

Who usually disciplines child?

Has discipline been frequently necessary?

For what reasons is child disciplined?

Has discipline been effective? _____ Please explain:

Do both **parents** usually **agree** on when to discipline, and what type of discipline, to use? Yes___ No___ If not, please describe:

Name of Child:

Date:-

Have any of the following stress events occurred within the last 12 months:

Parents divorced or separated___	Family moved___	Family financial problems___
Family accident or illness___	Parent changed job___	Death in family___
Changed schools___	Other (please specify)_____	

Does/did your child ever express any strong **fears**?___ If so, what?

Has your child ever been upset about **being left** in the care of others? If so, please describe:

Did the child have any preschool or early school experiences in which **separation from parent/home** was difficult? If so, please describe:

Did/does your child often **complain** of **physical ailments**, and want to stay home from school? If so, please give details:

Any **behavior** that was of concern to parents in **preschool** years?

Did/does your child have any of the following **habits and symptoms** more frequently than other children, to your knowledge:

nervousness___	diarrhea___	tiredness___	tics___
bed wetting___	dizziness___	eyestrain___	lying___
thumb sucking___	irritable___	headaches___	truancy___
nightmares___	vomiting___	allergies___	fears___
nail biting___	tantrums___	overactive___	fires___
rebellious___	stealing___	head banging or rocking___	
overly dependent___	other_____		

As a younger child, or presently, has your child often **required parents or others to do things for him/her** which he/she was capable of doing for him/herself? Yes___ No___ Please explain:

Medical History:

Child's **physician**: _____ Address/Phone: _____
 Date of last exam _____ Is child on *any medication*? ___ What? _____

Name of Child:

Date:-

How would you describe your child's **health**?

How is her/his:

hearing?

vision?

gross motor coordination?

fine motor coordination?

speech articulation?

Has your child ever been **seriously ill, medically hospitalized, or had surgery**? Chronic health problems (e.g. asthma, diabetes, heart condition)? If yes, briefly describe date, reason, outcome, and child's reaction:

Has your child ever been bothered by **headaches, seizures, head injuries or fainting spells**? If yes, briefly describe, including his/her reaction:

Has the child ever had any **serious accidents or injuries**? How many accidents? If yes, please describe reaction:

Did/does your child ever have **difficulty sleeping or sleepwalking**?

Restless sleeper?

Please describe onset and duration:

Bladder control problems..... at night? If yes, was s/he ever continent?

during the day? If yes, was s/he ever continent?

Does your child have any **appetite control** problems? Overeats___ Average___ Undereats___

Social History:

Does anyone in the **family** have a **history** of:

Visual problems _____

Seizures or convulsions _____

Hearing problems _____

Mental retardation _____

Speech problems _____

Heart difficulty _____

Emotional difficulty _____

Diabetes _____

Alcohol Abuse _____

Other substance abuse_____

Reading difficulty _____

Other problems _____

If **yes** to any, please explain:

Social climate of the neighborhood:

Community activities in which child participates:

Things your child **likes to do**? How does s/he spend leisure time? (*favorite toys, games, reading, TV shows, other*)?

Things s/he **does not like to do**?

Peer relationships (*favorite friends, activities*):

How easily does your child make friends?
On average, how long does your child keep friendships?

Have you noticed any **changes** regarding *with whom*, or *how*, your child **socializes**? If so, when? What was happening at the time?

Child's **strengths**:

Child's **weaknesses**:

Describe *current* and *past* **relationship with mother**:

Describe *current* and *past* **relationship with father**:

Describe *current* and *past* **relationship(s) with siblings**:

Does your child **share his/her bedroom** with anyone else? Yes___ No___ If so, with whom? _____

Describe child's reaction:

Describe **family activities**:

Have there been any **losses or deaths** of family members, other significant persons, pets? If so, please give name, relationship, date, cause, and child's reaction:

Parental questions, concerns, etc.:

Name of Child:

Date:-

Child's problem, as seen by parents:

Do **parents agree** on the nature of the child's problem? If not, describe:

Check the **areas** in which you feel that your **child may need help**; **explain**:

Learning to read and write	_____	Self-control	_____
Remembering what has been learned	_____	Social skills	_____
Following directions	_____	Speech	_____
Motor coordination	_____	Self-concept	_____
Organization	_____	Other (describe):	

Describe what you expect or would like your child to be one year from now:

Diagnostic Criteria:

1. Which of the following are considered to be a significant problem at the present time:

- | | | |
|---|--|--|
| <input type="checkbox"/> Fidgets | <input type="checkbox"/> Difficulty remaining seated | <input type="checkbox"/> Difficulty sustaining attention |
| <input type="checkbox"/> Easily distracted | <input type="checkbox"/> Often blurts out answers to questions before they have been completed | <input type="checkbox"/> Shifts from one activity to another |
| <input type="checkbox"/> Difficulty awaiting turn | <input type="checkbox"/> Difficulty following instructions | <input type="checkbox"/> Difficulty playing quietly |
| <input type="checkbox"/> Often does not listen | <input type="checkbox"/> Often interrupts or intrudes on others | <input type="checkbox"/> Often talks excessively |
| <input type="checkbox"/> Often loses things | | <input type="checkbox"/> Often engages in physically dangerous |

When did these problems begin (age)?

2. Which of the following are considered to be a significant problem at the present time:

- | | |
|--|---|
| <input type="checkbox"/> Often loses temper | <input type="checkbox"/> Often actively defies or refuses adult rules or requests |
| <input type="checkbox"/> Often argues with adults | <input type="checkbox"/> Often deliberately does things that annoy other people |
| <input type="checkbox"/> Is often angry or resentful | <input type="checkbox"/> Often blames others for own mistakes |
| <input type="checkbox"/> Is often spiteful or vindictive | <input type="checkbox"/> Is often touchy or easily annoyed by others |
| <input type="checkbox"/> Often swears or uses obscene language | |

When did these problems begin (age)?

3. Which of the following are considered to be a significant problem at the present time:

- | | | |
|---|---|--|
| <input type="checkbox"/> stolen without confrontation | <input type="checkbox"/> lies often | <input type="checkbox"/> deliberate fire-setting |
| <input type="checkbox"/> often truant | <input type="checkbox"/> breaking and entering | <input type="checkbox"/> destroyed others' property |
| <input type="checkbox"/> cruel to animals | <input type="checkbox"/> forced someone else | <input type="checkbox"/> run away from home at least twice |
| <input type="checkbox"/> used a weapon in a fight | <input type="checkbox"/> into sexual activity | <input type="checkbox"/> often initiates physical fights |
| <input type="checkbox"/> stolen with confrontation | <input type="checkbox"/> physically cruel to people | |

When did these problems begin (age)?

4. Which of the following are considered to be a significant problem at the present time:

- | | |
|--|---|
| <input type="checkbox"/> unrealistic and persistent worry about possible harm | <input type="checkbox"/> unrealistic and persistent worry that a calamitous event to authority figures will separate the child from attachment figure |
| <input type="checkbox"/> persistent school refusal | <input type="checkbox"/> repeated nightmares re: separation |
| <input type="checkbox"/> persistent refusal to sleep alone | <input type="checkbox"/> somatic complaints |
| <input type="checkbox"/> excessive distress in anticipation of separation from attachment figure | <input type="checkbox"/> persistent avoidance of being alone |
| <input type="checkbox"/> excessive distress when separated from attachment figures | |

When did these problems begin (age)?

5. Which of the following are considered to be a significant problem at the present time:

- | | |
|--|---|
| <input type="checkbox"/> unrealistic worry about future events | <input type="checkbox"/> unrealistic concern about appropriateness of past behavior |
| <input type="checkbox"/> unrealistic concern about competence | <input type="checkbox"/> somatic complaints |
| <input type="checkbox"/> marked self-consciousness | <input type="checkbox"/> excessive need for reassurance |
| <input type="checkbox"/> marked inability to relax | |

When did these problems begin (age)?

6. Which of the following are considered to be a significant problem at the present time:

- | | |
|--|---|
| <input type="checkbox"/> depressed or irritable mood most of the day, every day | <input type="checkbox"/> insomnia or hypersomnia nearly every day |
| <input type="checkbox"/> diminished pleasure in activities | <input type="checkbox"/> psychomotor agitation or retardation |
| <input type="checkbox"/> decrease or increase in appetite associated with possible failure to make weight gain | <input type="checkbox"/> fatigue or loss of energy |
| <input type="checkbox"/> feelings of worthlessness or excessive inappropriate guilt | <input type="checkbox"/> diminished ability to concentrate |
| | <input type="checkbox"/> suicidal ideation or attempt |

When did these problems begin (age)?

6. Which of the following are considered to be a significant problem at the present time:

- | | |
|---|---|
| <input type="checkbox"/> depressed or irritable mood for most of the day (for 1 year) | <input type="checkbox"/> insomnia or hypersomnia |
| <input type="checkbox"/> poor appetite or overeating | <input type="checkbox"/> low energy or fatigue |
| <input type="checkbox"/> poor concentration or difficulty making decisions | <input type="checkbox"/> low self esteem |
| <input type="checkbox"/> never without symptoms for more than 2 months over a 1 year period | <input type="checkbox"/> feelings of hopelessness |

When did these problems begin (age)?

Other concerns:

1. Has the child exhibited any of these symptoms?

- | | |
|---|---|
| <input type="checkbox"/> stereotyped mannerisms | <input type="checkbox"/> compulsive rituals |
| <input type="checkbox"/> excessive reaction to noise or fails to react to loud noises | <input type="checkbox"/> motor tics |
| <input type="checkbox"/> overreacts to touch | <input type="checkbox"/> vocal tics |

2. Has the child exhibited any symptoms of thought disturbance, including any of the following:

- loose thinking (e.g. tangential ideas, circumstantial speech)
- bizarre ideas (e/g/ odd fascinations, delusions, hallucinations)
- disoriented, confused, staring, or "spacey"
- incoherent speech (mumbles, uses jargon)

3. Has the child exhibited any symptoms of affective disturbance, including any of the following:

- excessive lability without reference to environment
- explosive temper, with minimal provocation
- excessive clinging, attachment, or dependence on adults
- unusual fears
- strange aversions
- panic attacks
- excessively constricted or bland affect
- situationally inappropriate emotions

4. Has the child exhibited any symptoms of social conduct disturbance, including any of the following:

- | | |
|---|---|
| <input type="checkbox"/> little or no interest in peers | <input type="checkbox"/> qualitatively abnormal social behavior |
| <input type="checkbox"/> significantly indiscreet remarks | <input type="checkbox"/> excessive reaction to changes in routine |
| <input type="checkbox"/> initiates or terminates interactions inappropriately | <input type="checkbox"/> abnormalities of speech |
| | <input type="checkbox"/> self-mutilation |