

Child History Questionnaire

Child Name: _____ Date: _____

To be filled out by the biological or adoptive parent. Some items are in **Bold**, so as to indicate the option of circling one of the responses. Please circle the appropriate response and explain your response on the following line. Not all questions will be relatable to your child due to children's different stages of development. For example, School Information will not apply to a toddler. In those cases, just skip a section and continue on with the questionnaire. For some questions you may need additional space to complete your answers. In that case, simply continue your responses on the backside of the questionnaire. Please fill out one questionnaire for each child involved in the home study evaluation and bring the questionnaire(s) to your first appointment.

Parent Name: _____ Case: _____ vs. _____

Parent filling out this form is the child's: **Biological / Adoptive** - **Mother / Father**

Child's Age: _____ Date of Birth _____ Sex: M F Order _____ of _____
(e.g., 1 being oldest of 3 children)

Pregnancy and Birth:

Was there any prenatal trauma or was the mother under significant stress? Yes No (please circle)

If so, what? _____

Did the mother use any drugs, alcohol, or prescribed medications during the pregnancy: Y N

If so, what? _____

Were there any complications with the pregnancy: Y N

Explain: _____

Was the father present and involved with the pregnancy (i.e., classes) ? _____

Where was the child born?: _____

The child was born: **Full Term / Early / Late** : by how much _____

Were there any complications with the delivery: Y N

Explain: _____

Was the father present and involved with the delivery? _____

Infancy :

Any challenges with feeding? Y N _____

How was the child's emotional attachment? (i.e., eye contact, liking to be held, etc)

What was this child's emotional temperament as an infant? _____

Were there any challenges with the child during infancy: Y N : _____

Developmental Milestones:

In general, would you say that the child was **On Time** / **Early** / **Late** in achieving his/her developmental milestones ? (i.e., Sitting, Walking, and Talking)

If early or late, by how much? _____

Has this child experienced any challenges with the following? If so please explain.

- Cognitive Development Y N _____
- Toilet Training Y N _____
- Language Development Y N _____
- Coordination Y N _____
- Growth Y N _____
- Social Development Y N _____

Child Relationships:

What is his/her relationship like with You? _____

Has your relationship changed recently? If so how? _____

What is his/her relationship like with the other parent? _____

Has their relationship changed recently? If so how? _____

How has she/he coped with the conflict between you and the other parent? _____

How does she/he respond to the exchanges between the homes? _____

What is his/her relationship like with the other step-parent? _____

What is his/her relationship like with your current spouse? _____

What is his/her relationship like with his/her siblings? _____

What is his/her relationship like with his/her step-siblings? _____

How are your child's social skills? _____ explain: _____

Who are his/her closest friends and how does he/she know them?

How does she/he deal with conflict with peers? (e.g., approach it, avoid it, cries, fights, etc.)

What are this child's favorite things to do? _____

Describe Your Child

Briefly describe this child's personality: _____

What are his/her strengths? _____

What are his/her weaknesses? _____

Does he/she tend to stuff or show feelings, explain: _____

Discipline:

How does she/he respond to rules and structure? _____

Does this child require much discipline? If so, for what? _____

What was the last major act that this child did that required discipline? _____

How did you respond? _____

How did your child respond to the discipline? _____

What is one area of discipline, with which you feel like you struggle? _____

How does this child respond differently to you and the other parent? _____

What have you done, if anything, to increase your knowledge of parenting? _____

School: Is your child currently in School? Y N

Current School: _____ Grade: _____

How long has the child been at this school? _____

Teacher, Advisor or Counselor: _____ Phone #: _____

How often do you have contact with his/her teachers? _____

Any challenges with the teacher(s)? _____

How is your child doing academically in school? _____

Any recent change in school performance? _____

Does he/she have any attention problems in class? _____

How is your child doing socially in school? _____

Has she/he been in trouble in class or with peers? _____

Is he/she involved in any programs or extracurricular activities? Y N Explain or list: _____

If this child has organized events, such as sports, do you attend and how often? _____

Who is the coach/instructor? _____ Phone: _____

Does the other parent attend and how often? _____

If you both show up to the same event, what takes place? _____

Child Medical History

Does this child have any significant current medical issues? Y N _____

Does this child have any significant medical history? Y N _____

When was this child's last medical check-up? _____

Who is his/her pediatrician or family practice physician? _____ Phone: _____

How do you and the other parent coordinate, attend, and pay for medical care? _____

Is this child currently prescribed any medications? Y N

If so, what and for what reasons? _____

Is this child current with Dental care? Y N

When was his/her last dental visit? _____ Any Problems? _____

How do you and the other parent coordinate, attend, and pay for dental care? _____

Counseling:

Does he/she have any fears or anxiety? Y N Please explain: _____

Does he/she have any symptoms of depression? Y N Please explain: _____

Has this child ever talked about or attempted suicide? Y N Explain: _____

Does she/he have any significant Behavior Problems? Y N Explain: _____

Does she/he have any significant Emotional Problems? Y N Explain: _____

Is this child currently attending counseling? Y N. If so, where, with whom, and how long?

Does he/she like the counseling? Y N. Do you see any benefit/change? Y N

Do you believe your child needs counseling? Why? _____

Has the child been in counseling in the past? Y N _____

Any other comments or concerns? Y N : _____

