

Developmental and Medical History

A. Length of pregnancy (e.g., full term, 40 weeks, 32 weeks, etc.) _____

B. Length of delivery (number of hours from initial labor pains to birth) _____

C. Mother's age when child was born _____

D. Child's birth weight _____

E. Did any of the following conditions occur during pregnancy/delivery?

1. Bleeding	No	Yes
2. Excessive weight gain (more than 30 lbs.)	No	Yes
3. Toxemia/preeclampsia	No	Yes
4. Rh factor incompatibility	No	Yes
5. Frequent nausea or vomiting	No	Yes
6. Serious illness or injury	No	Yes
7. Took prescription medications	No	Yes
a. If yes, name of medication _____		
8. Took illegal drugs	No	Yes
9. Used alcoholic beverage	No	Yes
a. If yes, approximate number of drinks per week ____		
10. Smoked cigarettes	No	Yes
a. If yes, approximate number of cigarettes per day (e.g., ½ pack) _____		
11. Was given medication to ease labor pains	No	Yes
a. If yes, name of medication _____		
12. Delivery was induced	No	Yes
13. Forceps were used during delivery	No	Yes
14. Had a breech delivery	No	Yes
15. Had a cesarean section delivery	No	Yes
16. Other problems – Please describe	No	Yes

F. Did any of the following conditions affect your child during delivery or within the first few days after birth?

1. Injured during delivery	No	Yes
2. Cardiopulmonary distress during delivery	No	Yes
3. Delivered with cord around neck	No	Yes
4. Had trouble breathing following delivery	No	Yes
5. Needed oxygen	No	Yes
6. Was cyanotic, turned blue	No	Yes
7. Was jaundiced, turned yellow	No	Yes
8. Had an infection	No	Yes
9. Had seizures	No	Yes

10. Was given medications	No	Yes
11. Born with congenital defect	No	Yes
12. Was in hospital more than 7 days	No	Yes

Infant Health and Temperament

A. During the first 12 months, was your child:

1. Difficult to feed	No	Yes
2. Difficult to get to sleep	No	Yes
3. Colicky	No	Yes
4. Difficult to put on a schedule	No	Yes
5. Alert	No	Yes
6. Cheerful	No	Yes
7. Affectionate	No	Yes
8. Sociable	No	Yes
9. Easy to comfort	No	Yes
10. Difficult to keep busy	No	Yes
11. Overactive, in constant motion	No	Yes
12. Very stubborn, challenging	No	Yes

Early Developmental Milestones

A. At what age did your child first accomplish the following

1. Sitting without help _____
2. Crawling _____
3. Walking alone, without assistance _____
4. Using single words (e.g., "mama", "dada", "ball", etc.) _____
5. Putting two or more words together (e.g., "mama up") _____
6. Bowel training, day and night _____
7. Bladder training, day and night _____

Health History

A. Date of child's last physical exam: _____

B. At any time has your child had the following:

1. Asthma	Never	Past	Present
2. Allergies	Never	Past	Present
3. Diabetes, arthritis, or other chronic illnesses	Never	Past	Present

4. Epilepsy	Never	Past	Present
5. Febrile seizures	Never	Past	Present
6. Chicken pox or other common childhood illnesses	Never	Past	Present
7. Heart or blood pressure problems	Never	Past	Present
8. High fevers (over 103°)	Never	Past	Present
9. Broken bones	Never	Past	Present
10. Severe cuts requiring stitches	Never	Past	Present
11. Head injury with loss of consciousness	Never	Past	Present
12. Lead poisoning	Never	Past	Present
13. Surgery	Never	Past	Present
14. Lengthy hospitalization	Never	Past	Present
15. Speech or language problems	Never	Past	Present
16. Chronic ear infections	Never	Past	Present
17. Hearing difficulties	Never	Past	Present
18. Eye or vision problems	Never	Past	Present
19. Fine motor/handwriting problems	Never	Past	Present
20. Gross motor difficulties, clumsiness	Never	Past	Present
21. Appetite problems (overeating or undereating)	Never	Past	Present
22. Sleep problems (falling asleep, staying asleep)	Never	Past	Present
23. Soiling problems	Never	Past	Present
24. Wetting problems	Never	Past	Present
25. Other health difficulties – Please describe:			

Child Symptom Inventory: Parent Checklist

Category A	Never	Some-times	Often	Very Often
1. Fails to give close attention to details or makes careless mistakes				
2. Has difficulty paying attention to tasks or play activities				
3. Does not seem to listen when spoken directly to				
4. Has difficulty following through on instructions and fails to finish things				
5. Has difficulty organizing tasks and activities				
6. Avoids doing tasks that require a lot of mental effort (schoolwork, homework, etc.)				
7. Loses things necessary for activities				

8. Is easily distracted by other things going on				
9. Is forgetful in daily activities				
10. Fidgets with hands or feet or squirms in seat				
11. Has difficulty remaining seated when asked to do so				
12. Runs about or climbs on things when asked not to do so				
13. Has difficulty playing quietly				
14. Is “on the go” or acts as if “driven by a motor”				
15. Talks excessively				
16. Blurts out answers to questions before they have been completed				
17. Has difficulty awaiting turn in group activities				
18. Interrupts people or butts into other children’s activities				

Category B	Never	Some-times	Often	Very Often
19. Loses temper				
20. Argues with adults				
21. Defies or refuses what you tell them to do				
22. Does things to deliberately annoy others				
23. Blames others for own misbehavior or mistakes				
24. Is touchy or easily annoyed by others				
25. Is angry and resentful				
26. Is easily distracted by other things going on				

Category C	Never	Some-times	Often	Very Often
27. Plays hookey from school				
28. Stays out at night when not supposed to				
29. Lies to get things or to avoid responsibility (“cons” others)				
30. Bullies, threatens, or intimidates others				
31. Starts physical fights				
32. Has run away from home overnight				
33. Has stolen things when others were not looking				
34. Has deliberately destroyed others’ property				
35. Has deliberately started fires				

36. Has stolen things from others using physical force				
37. Has broken into someone else's house, building, or car				
38. Has used a weapon when fighting (bat, brick, bottle, etc.)				
39. Has been physically cruel to animals				
40. Has been physically cruel to people				
41. Has been preoccupied with or involved in sexual activity				

Category D	Never	Some-times	Often	Very Often
42. Is overly concerned about abilities in academic, athletic or social activities				
43. Has difficulty controlling worries				
44. Acts restless or edgy				
45. Is irritable for most of the day				
46. Is extremely tense or unable to relax				
47. Has difficulty falling asleep or staying asleep				
48. Complains about physical problems (headaches, upset stomach, etc.) for which there is no apparent cause				

Category E	Never	Some-times	Often	Very Often
49. Shows Excessive fear to specific objects or situations (animals, heights, storms, insects, etc.)				
50. Cannot get distressing thoughts out of their mind (worries about germs or doing things perfectly, etc.)				
51. Feels compelled to perform unusual habits (hand washing, checking locks, repeating things a set number of times)				
52. Has experienced an extremely upsetting event and continues to be bothered by it				
53. Does unusual movements for no apparent reason (eye blinking, twitching, lip licking, head jerking, etc.)				
54. Makes vocal sounds for no apparent reason (coughing, throat clearing, sniffing, grunting, etc.)				

Category F	Never	Some-times	Often	Very Often
55. Has strange ideas or beliefs that are not real (child's food				

is poisoned; people are trying to get them, etc.)				
56. Has auditory hallucinations – hears voices talking to or telling them to do things				
57. Has extremely strange and illogical thoughts or ideas				
58. Laughs or cries at inappropriate times or shows no emotion in situations where most other of same age would react				
59. Does extremely odd things (excessive preoccupation with fantasy friends, talks to self in a strange way, etc.)				

Category G	Never	Some-times	Often	Very Often
60. Is depressed for most of the day				
61. Shows little interest in (or enjoyment of) pleasurable activities				
62. Has recurrent thoughts of death or suicide				
63. Feels worthless or guilty				
64. Has low energy level or is tired for no apparent reason				
65. Has little confidence or is very self-conscious				
66. Feels that things never work out right				
67. Has experienced a big change in their normal appetite or weight (circle yes or no)	Yes		No	
68. Has experienced a big change in their normal sleeping habits – cannot sleep or sleeps too much	Yes		No	
69. Has experienced a big change in their normal activity level – overactive or inactive	Yes		No	
70. Has experienced a big change in their ability to concentrate	Yes		No	
71. Has experienced a big drop in school grades or schoolwork	Yes		No	

Category H	Never	Some-times	Often	Very Often
72. Has a peculiar way of relating to others (avoids eye contact, odd facial expressions or gestures, etc.)				
73. Does not play or relate well with other children				
74. Not interested in making friends				
75. Is unaware or takes no interest in other people's feelings				

76. Has a significant problem with language				
77. Has difficulty making socially appropriate conversation				
78. Talks in a strange way (repeats what others say, confuses words like “you” and “I”, uses odd words or phrases, etc.)				
79. Is unable to “pretend” or “make believe” when playing				
80. Shows excessive preoccupation with one topic				
81. Gets very upset over small changes in routine or surroundings				
82. Makes strange repetitive movements (flapping arms, etc.)				
83. Has strange fascination for parts of objects				

Category I	Never	Some-times	Often	Very Often
84. Tries to avoid contact with strangers, abnormally shy				
85. Is excessively shy with peers				
86. Is generally warm and outgoing with family members and familiar adults				
87. When put in an uncomfortable social situation, child cries, freezes, or withdraws from interacting				

Category J	Never	Some-times	Often	Very Often
88. Gets very upset when child expects to be separated from home or parents				
89. Worries that parents will be hurt or leave home and not come back				
90. Worries that some disaster (getting lost, kidnapped, etc.) will separate child from parents				
91. Tries to avoid going to school in order to stay home with parent				
92. Worries about being left at home alone or with a sitter				
93. Afraid to go to sleep unless near parent				
94. Has nightmares about being separated from parent				
95. Complains about feeling sick when child expects to be separated from home or parent				
96. Wets bed at night				
97. Wets or soils underwear during daytime hours				

