

I.DEVELOPMENTAL FACTORS

A Prenatal History

1. How was your health during pregnancy? Circle your answer.	Good Fair Poor I don't know
2. How old were you when your child was born?	_____ years old
3. Any use of alcohol during pregnancy? (circle your answer)	a. Never b. Once or twice c. 3-9 times d. >10 times
4. Cigarette uses during pregnancy? (circle your answer)	a. Never b. Once or twice c. 3-9 times d. >10 times
5. Coffee or other caffeine (Cola, etc.) Taken together, how many times?	a. Never b. Once or twice c. 3-9 times d. >10 times
6. Did you ingest any of the following substances?	a. ___ Valium (Librium, Xanax, Valium) b. ___ Tranquilizers c. ___ Antiseizure medications (e.g. Dilantin) d. ___ Treatment for diabetes e. ___ Antibiotics (for viral infections) f. ___ Sleeping Pills g. ___ Other (please specify: _____)

B. Perinatal History

7. Did you have toxemia or eclampsia? Circle your answer	Yes No I don't know
8. Was the Rh factor incompatibility? Circle your answer	Yes No I don't know
9. Was (s)he born on schedule? (circle your answer)	8 mos. or earlier, Term 8-10 mos. , 10 mos, I don't know
10. What was the duration of labor?	
11. Were you given any drugs to ease the pain of labor?	List name of med:
12. Were there indications of fetal distress during labor? Circle your answer	Yes No I don't know
13. Was the delivery (please circle)	Normal? Breach? Cesarean? Forceps? Inducted? I don't know?
14. What was the child's weight?	
15. Were there any health complications following birth?	If YES, specify:

C. Postnatal Period and Infancy

16. Were there early infancy feeding problems	Circle: No Yes I don't know
17. Was the child colicky?	Circle: No Yes I don't know
18. Were there problems with the infant's responsiveness? (alertness)	Circle: No Yes I don't know
19. Were there early infancy sleeping pattern difficulties?	Circle: No Yes I don't know
20. Did the child experience any health problems during infancy?	Circle: No Yes I don't know
21. Did the child have any congenital problems?	Circle: No Yes I don't know
22. Was the child an easy baby? Cry a lot? Did (s)he follow a schedule fairly well?	Circle: No Yes I don't know Circle: No Yes I don't know
23. How did the baby behave with other people?	More schedule than ____ Average sociably ____ More unsociable than average ____
24. When (s)he wanted something, how insistent was (s)he?	Very_____, Average _____, not at all insistent_____
25. How would you rate the activity level of the child as an infant/toddler?	Very active _____, Average_____, not active_____

D. Developmental Milestones

26. At what age did (s)he sit up? Circle your answer	3-6 mos., 7-12 mos., Over 12 mos., I don't know
27. At what age did (s)he crawl? Circle your answer	6-12 mos., 12-18 mos., Over 18 mos., I don't know
28. At what age did (s)he walk? Circle your answer	Under 1 year, 1-2 years, 2-3 years, I don't know
29. At what age did (s)he speak single words (other than "mama" or "dada")? Circle your answer	9-13 mos., 14-18 mos., 18-24 mos., 26-36 mos. 37-48 mos., I don't know
30. At what age did (s)he string two or more words together? Circle your answer	9-13 mos., 14-18 mos., 18-24 mos., 26-36 mos. 37-48 mos., I don't know
31. At what age was (s)he toilet trained? Circle your answer	Under 1 years, 1-2 years, 2-3 years, I don't know

II MEDICAL HISTORY

32. How would you describe his/her health?	Circle your answer: Good Fair Poor
33. How is his/her hearing?	Circle your answer: Good Fair Poor
34. How is his/her vision?	Circle your answer: Good Fair Poor
35. How is his/her gross motor coordination?	Circle your answer: Good Fair Poor
36. How is his/her fine motor coordination?	Circle your answer: Good Fair Poor
37. How is his/her speech articulation?	Circle your answer: Good Fair Poor
38. Has he/she had any chronic health problems (e.g. asthma, diabetes, heart conditions)?	If YES, specify:
39. When was the onset of any chronic illness?	
40. Which of the following illness has the child had?	Circle your answer: Mumps, Chicken Pox, Measles, Whooping cough, Scarlet Fever, Pneumonia, Encephalitis, Otitis media, Lead Poisoning, Seizures, Other diseases: Specify

41. Has the child had any accidents resulting in the following? Circle your answer	Broken bones, Severe lacerations, Head injury, Severe bruises, Stomach pumped, Eye injury, Lost teeth, Sutures, Other, specify:
42. If Yes, to accidents, how many accidents?	
43. Has he/she ever had surgery for any of the following conditions? Circle your answer	Tonsillitis, Adenoids, Hernia, Appendicitis, Urinary tract Eye, ear, nose & throat, Digestive disorder, leg or arm, Burns, Other: Specify:
44. Is there any suspicion of alcohol or drug use?	Circle: Yes No I don't know
45. Is there any history of physical/sexual abuse?	Circle: Yes No I don't know
46. Does the child have any problems sleeping?	Circle: None, Difficulty falling asleep, Sleep continuity disturbance, Early morning awakening
47. Does the child have any bladder problems at night? Does the child have any bladder problems during the day?	Circle your answer: Yes or No. If YES, how often? Circle your answer: Yes or No. If YES, how often?
48. Does the child have bowel control problems?	Circle your answer: Yes or No
49. Does the child have any appetite control problems?	Circle your answer: Over eats, Average, Under eats

III TREATMENT HISTORY

50. Has the child ever had any of the following? If yes, list the duration in months.	Ritalin (methylphenidate) Yes, No, How long? _____ Concerta (methylphenidate) Yes, No, How long? _____ Adderall (amphetamine) Yes, No, How long? _____ Vyvanse Yes, No, How long? _____ Strattera (atomoxetine) Yes, No, How long? _____ Mydayis Yes, No, How long? _____ Tranquilizers Yes, No, How long? _____ Anticonvulsant Yes, No, How long? _____ Antihistamines Yes, No, How long? _____ Other prescription drugs: _____
51. Has the child ever had any psychological treatment?	Circle Yes or No. If YES, how long did it last?

IV SCHOOL HISTORY

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

Preschool _____

Kindergarten _____

Grade 1 through 3 _____

Grade 4 through 6 _____

Grade 7 through 12 _____

52. Has the child ever been in any type of special education program, and if so, how long?	Learning disability class _____ Behavioral/emotional disorder class _____ Speech & language therapy _____ Other (please specify): _____
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53. Has the child ever been suspended from school? Has the child ever been expelled from school? Has the child ever been retained a grade?	Circle Yes or No. If YES, how many suspensions? _____ Yes or No. If YES, how many expulsions? _____ Yes or No. If YES, how many retentions? _____
54. Have any additional instructional modifications been attempted?	None _____ Behavioral Modification Program _____ Daily/Weekly report card _____ Other: please specify:

V. SOCIAL HISTORY

55. How does the child get along with his/her brothers/sisters?	Circle: Doesn't have any. Better than average. Average. Worse than average
56. How easily does the child make friends?	Circle: Easier than average. Average. Worse than average. I don't know
57. On the average, how long does your child keep friendships?	Circle: Let than 6 months. 6 months to 1 year More than 1 year. I don't know

VI. CURRENT BEHAVIORAL CONCERNS

Primary Concerns	Other Related Concerns
58. What strategies have been implemented to address these problems?	Circle your answer: Verbal reprimands. Rewards Time out (isolation). Physical punishment Removal of privileges
59. On the average, what percentage of the time does your child comply with initial commands?	Circle your answer: Most of the time. Sometimes. Never
60. On the average, what percentage of the time does your child eventually comply with your commands?	Circle your answer: Most of the time. Sometimes. Never
61. To what extent are you and other caretakers consistent with respect to disciplinary strategies?	Circle your answer: Most of the time. Sometimes. Never
62. Have any of the following stress events occurred within the past 12 months?	Circle your answer: Parents divorced or separated. Family accident or illness. Death in family. Family moved. Parent changed jobs. Changed schools. Family financial problems. Other: specify:
63. How long have you and the child's parent been married? Please note if the child was product of 1 st or 2 nd , etc, marriage.	Circle your answer: Never married. Separated. Divorced. Widowed. Married for _____ years.
64. How stable is your current marriage?	Circle your answer: Stable Unstable

VII. FAMILY HISTORY

65.

# of siblings and ages	
Problems with aggression, defiance & oppositional behavior as a child	
Problems with attention, activity, & impulse control as a child	
Learning disabilities	
Failed to graduate from high school.	
Mental Retardation.	
Psychosis or schizophrenia	
Seizure disorder	
Anxiety disorder that impaired adjustment.	
Tics or Tourette's	
Alcohol & Substance Abuse	
Diabetes	
Antisocial behavior (assaults, thefts, etc.)	
Heart problems	
Physical abuse	
Sexual abuse	
Other:	

<p>66.</p> <p>Which of the following are a significant problem at the present time?</p> <p>Stolen without confrontation _____</p> <p>Run away from home overnight at least twice _____</p> <p>Lies often _____</p> <p>Deliberate fire-setting _____</p> <p>Often truant _____</p> <p>Breaking and entering _____</p> <p>Destroyed others' property _____</p> <p>Cruel to animals _____</p> <p>Forced someone else into sexual activity _____</p> <p>Used a weapon in a fight _____</p> <p>Often initiates physical fights _____</p> <p>Stolen with confrontation _____</p> <p>Physically cruel to people _____</p> <p>TOTAL for Conduct Disorder* _____</p> <p style="text-align: right;">3 or more</p> <p>When did these problems begin? Specify age: _____</p>	<p>67.</p> <p>Which of the following are a significant problem at the present time?</p> <p>Unrealistic and persistent worry about possible harm to attachment figures. _____</p> <p>Unrealistic and persistent worry that a calamitous event will separate the child from attachment figure. _____</p> <p>Persistent school refusal _____</p> <p>Persistent avoidance of being alone _____</p> <p>Repeated nightmare, re: separation. _____</p> <p>Somatic complaints _____</p> <p>Excessive distress in anticipation of separating from attachment figure. _____</p> <p>Excess distress when separated from home or attachment figure. _____</p> <p>TOTAL for Separation Anxiety* _____</p> <p>When did these problems begin? Specify age: _____</p>
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68. Which of the following are significant problems at the present time?	
Unrealistic worry about future events _____	Unrealistic concern about appropriateness of past behavior _____
Unrealistic concern about competence _____	Somatic complaints _____
Excessive need for reassurance _____	Marked self-consciousness _____
Marked inability to relax _____	
TOTAL for Overanxious Disorder _____	(4 or more)

<p>69.</p> <p>Which of the following are significant problems at the present time?</p> <p>Depressed or initiate mood most of the day, nearly every day. _____</p> <p>Diminished pleasure in activities _____</p> <p>Decreased or increase in appetite associated with possible failure to make weight gain. _____</p> <p>Insomnia or hypersomnia nearly every day _____</p> <p>Psychomotor agitation or retardation _____</p> <p>Fatigue or loss of energy _____</p> <p>Feelings of worthlessness or excessive inappropriate guilt. _____</p> <p>Diminished ability to concentrate _____</p> <p>Suicidal ideation or attempt _____</p> <p>TOTAL for Major Depression Episode * _____ (items 3-9) = (6 or more)</p>	<p>70.</p> <p>Which of the following are a significant problem at the present time?</p> <p>Often Intense temper _____</p> <p>Often argues with adults _____</p> <p>Often actively defies or refuses adult request or rules _____</p> <p>Often deliberately does things that annoy people _____</p> <p>Often blames others for own mistakes _____</p> <p>Is often touchy or easily annoyed by others _____</p> <p>Is often angry or resentful _____</p> <p>Is often spiteful or vindictive _____</p> <p>Often swears or uses obscene language _____</p> <p>TOTAL for Oppositional Defiant Disorder _____ 5 or more</p> <p>When did these problems begin? Specify age: _____</p>
<p>71. Diagnostic Criteria</p> <p><u>Hyperactivity</u></p> <p>___ a. Often fidgets with hands or feet or squirms in seat</p> <p>___ b. Often leaves seat in classroom or in other situations in which remaining seated is expected.</p> <p>___ c. Often runs about or climbs excessively in situations in which it is inappropriate (in adolescent or adults, may be limited to subjective feelings of restlessness.</p> <p>___ d. Often has difficulty playing or engaging in leisure activities quietly.</p> <p>___ e. Is often "on the go" or often actives as if "driven by a motor".</p> <p>___ f. Often talks excessively</p>	<p><u>Impulsivity</u></p> <p>___ a. Often blurts out answers before questions have been completed.</p> <p>___ b. Often has difficulty awaiting turn.</p> <p>___ c. Often interrupts or intrudes on others (e.g. butts into conversations or games.)</p>
<p>Inattention</p> <p>___ a. Often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities.</p> <p>___ b. Often has difficulty sustaining attention in tasks or play activities.</p> <p>___ c. Often does not seem to listen when spoken to directly.</p> <p>___ d. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions.)</p> <p>___ e. Often has difficulty organizing tasks and activities.</p> <p>___ f. Often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework.)</p> <p>___ g. Often loses things necessary for tasks or activities (e.g. toys, school pencils, books or tools.)</p> <p>___ h. Is often easily distracted by extraneous stimuli.</p> <p>___ i. Is often forgetful in daily activities.</p> <p>TOTAL for ADHD = _____ (6 or more)</p>	