

Family History Questionnaire – Child/Adolescent

The purpose of this questionnaire is to obtain a comprehensive picture of your background. These records are necessary as they permit a more thorough understanding of your issues/concerns. By completing these questions as fully and as accurately as you can, you will facilitate your therapeutic program. We request that you answer these routine questions prior to your first visit to our office.

It is understandable that you might be concerned about what happens to the information about you because much or all of this information is highly personal. **Case records are strictly confidential. No outsider is permitted to see your case record without your permission.** If you do not wish to answer any of the questions, please write “Do not care to answer” in the area next to the question.

I. General Information

Child's Name: _____ Sex _____ Age _____ Birth Date _____
Address: _____ Birthplace: _____
_____ Phone: _____

Father's Name: _____

If not natural father, give relationship: _____

Address: (if different from above) _____

Mother's Name: _____

If not natural mother, give relationship: _____

Address: (if different from above) _____

Please give whereabouts of biological father and/or mother if the child does not presently live with:

Father: _____ Mother: _____

Legal custodian of child, if other than natural parent(s): _____

Referring person or agency: _____

Address: _____

Name of person completing this form: _____

Relationship to child: _____

II. Child's Current Problems

A. Describe the child's current problem(s) (medical, behavioral, emotional).

1. _____
2. _____
3. _____
4. _____

B. When did current problem(s) start or when did you first notice it/them?

C. What do you think is the cause of the current problem(s)?

D. Do you feel that the child is aware of the problem(s)? YES NO

If yes, how is this awareness expressed? _____

E. Do mother and father agree on the existence or extent of the problem(s)?

YES NO If not, please explain: _____

F. Has the child had problems other than the current one(s)? YES NO

If yes, please specify: _____

G. What was done about these problems? _____

III. Child's Health (Please provide details of any "yes" response)

A. What is the child's current: weight _____ height _____

B. Were there any unusual reactions to any immunizations? YES NO

C. Does the child have any allergies? YES NO

D. Has the child ever had fever above 105°? YES NO

E. Has the child had fever for more than five days? YES NO

F. Has the child had any significant accidents or injuries (including broken bones)?

YES NO

G. Has the child ever lost consciousness? YES NO

H. Has the child ever been hospitalized? YES NO

I. Has the child had any operations? YES NO

J. Has the child ever had seizures (convulsions)? YES NO

K. Has the child ever received medications in the past for emotional, physical, learning or behavioral problems? YES NO

Medication _____ Amount _____ Dates given _____ to _____

Medication _____ Amount _____ Dates given _____ to _____

Medication _____ Amount _____ Dates given _____ to _____

L. Is the child presently taking any medication? YES NO

Problem: _____ Medication: _____

Daily dose: _____ Times per day _____ Taken since _____

Who prescribed/clinic: _____

Is it helping? _____

Additional medication information: _____

M. Does the child currently complain of any of the following symptoms or has she/he complained of them frequently in the past? (If yes, please provide age & treatment)

	YES	NO	AGE	TREATMENT
a. FEVER			_____	_____
b. HEADACHE			_____	_____
c. DIZZINESS			_____	_____
d. DOUBLE VISION			_____	_____
e. RINGING EARS			_____	_____
f. SHAKINESS			_____	_____
g. TROUBLE SWALLOWING			_____	_____
h. NEARSIGHTEDNESS			_____	_____
i. FARSIGHTEDNESS			_____	_____
j. BLURRED VISION			_____	_____
k. ASTIGMATISM			_____	_____
l. CROSSED EYES			_____	_____
m. TROUBLE HEARING			_____	_____
n. NOSEBLEEDS			_____	_____
o. CONSTANT COUGHS			_____	_____
p. SHORTNESS OF BREATH			_____	_____
q. SWOLLEN ANKLES/HANDS			_____	_____
r. JOINT/MUSCLE PAIN			_____	_____

	YES	NO	AGE	TREATMENT
s. HEART MURMUR			_____	_____
t. VOMITING			_____	_____
u. LOOSE STOOLS			_____	_____
v. HARD STOOLS			_____	_____
w. SOILING/ACCIDENTS			_____	_____
x. BED/DAY WETTING			_____	_____
y. PUS/BLOOD IN URINE			_____	_____
z. PUS/BLOOD IN STOOL			_____	_____
aa. ANEMIA			_____	_____
bb. MUSCLE WEAKNESS			_____	_____
cc. ABNORMAL POSTURE			_____	_____
dd. EXCESSIVE SWEATING			_____	_____
ee. POOR APPETITE			_____	_____
ff. PALE SKIN			_____	_____
gg. BLUE SKIN			_____	_____
hh. RASH			_____	_____
ii. JAUNDICE			_____	_____
jj. SORE THROAT			_____	_____
kk. EARACHE			_____	_____
ll. FREQUENT URINATION			_____	_____
mm. PAINFUL URINATION			_____	_____
nn. OTHER (DESCRIBE):			_____	_____
_____			_____	_____

N. Family Illnesses:

a. Any physical or emotional health problems?

Father? _____

Mother? _____

Father's side? _____

Mother's side? _____

Child's brothers? _____

Child's sisters? _____

b. Has the child used alcohol? YES NO

Has the child used other drugs? YES NO

Has the child's father used alcohol or other drugs to excess? YES NO

Has the child's mother used alcohol or other drugs to excess? YES NO

List any persons in the child's family who have had or who currently have problems with alcohol or drugs. Include the child, his/her siblings, his/her parents, his/her grandparents, aunts or uncles. _____

IV. Child's Development

A. Pregnancy (Place a question mark (?) on the "yes" line if you do not know).

	YES	NO
1. Was this pregnancy:		
Planned?	___	___
Desired by mother?	___	___
Desired by father?	___	___
Of normal duration?	___	___
If no, give duration: _____ months		
2. Check any problems during pregnancy:		
High Blood Pressure	___	
Low Blood Pressure	___	
Sugar in Urine	___	
Protein in Urine	___	
Bleeding or Spotting	___	
High Fever	___	
Cold Sores/ Blisters on Lips	___	
German (3-day) Measles	___	
Rh problems	___	
Other problems: (Specify)		

3. During the course of the pregnancy:		
Did the child's mother take any medications?	YES	NO
If yes, what kind and how long: _____		
Did the child's mother smoke cigarettes?	YES	NO
If yes, how many daily? _____		
Did the child's mother drink alcoholic beverages?	YES	NO
If yes, give details: _____		
Was the child's mother dependent on or taking drugs?	YES	NO
If yes, give details: _____		
Did the child's mother have x-rays?	YES	NO
If yes, when during pregnancy and how many? _____		

4. What month in the pregnancy did the child's mother start seeing the doctor regularly?

B. Delivery (Place a question mark (?) on the "yes" line if you do not know).

1. Name and address of hospital where child was delivered: _____

	YES	NO
2. Was labor unusually long?	___	___
If yes, how many hours? _____		
3. Was delivery aided by forceps?	___	___
4. Was the child born by caesarean section?	___	___
5. Was more than one baby born?	___	___
6. Was child blue at birth?	___	___
7. Was child yellow (jaundiced) during 1 st week?	___	___
8. Was the child administered oxygen at birth?	___	___
9. Was the child placed in an incubator?	___	___
10. Was anything (other than above) wrong with the baby?	___	___

If yes, give details: _____

11. Did the child's mother have any problems during or immediately after delivery? If yes, give details: ___ ___

12. What was child's weight at birth? _____

13. What was child's length at birth? _____

14. How long did the child's mother stay in the hospital? _____

15. How long did the baby stay in the hospital? _____

C. Early Development (Place question mark (?) on the "yes" line if you do not know).

	YES	NO
1. Was the baby breast fed?	___	___

If yes, for how long? _____

2. Was the baby formula fed? ___ ___

3. How old was the child when he/she: (Please specify in months or years).

- a. Established eye contact with someone _____
- b. Smiled _____
- c. Turned over from back to stomach _____
- d. Sat alone without support _____
- e. Crawled _____
- f. Walked without support _____
- g. Said first words _____
- h. Said first sentence _____

- i. Was capable of self-feeding _____
- j. Was self-dressing without help _____
- k. Was bladder trained during day _____
- l. Was bladder trained during night _____
- m. Was bowel trained _____
- n. Showed fear of strangers _____
4. Were there changes in the child's primary caretakers during the first three years of life?
 YES NO If yes, how many times? _____
5. Was the child attached to any inanimate objects (e.g. blanket, teddy bear)?
 YES NO If yes, what object? _____
 From age _____ to _____.
6. Have there been attempts to change the child's handedness? YES NO
7. The child is: right-handed left-handed ambidextrous
8. During the second and third years of life, the child:
- | | Frequently | Sometimes | Rarely |
|---|------------|-----------|--------|
| a. Had temper tantrums | _____ | _____ | _____ |
| b. Had extreme mood changes | _____ | _____ | _____ |
| c. Was afraid of new faces or places | _____ | _____ | _____ |
| d. Was distractible | _____ | _____ | _____ |
| e. Was unresponsive to discipline | _____ | _____ | _____ |
| f. Was destructive | _____ | _____ | _____ |
| g. Engaged in self-hurting or injuring behavior | _____ | _____ | _____ |
| h. Was very quiet | _____ | _____ | _____ |
| i. Did not like to be held/touched | _____ | _____ | _____ |
| j. Preferred toys to contact with people | _____ | _____ | _____ |
| k. Cried | _____ | _____ | _____ |
9. During the first three years of life, the child:
- | | Frequently | Sometimes | Rarely |
|--|------------|-----------|--------|
| a. Enjoyed being held | _____ | _____ | _____ |
| b. Was alert to his/her surroundings | _____ | _____ | _____ |
| c. Explored the surrounding environment | _____ | _____ | _____ |
| d. Was active | _____ | _____ | _____ |
| e. Interacted with adults | _____ | _____ | _____ |
| f. Interacted with other children | _____ | _____ | _____ |
| g. Predictable in terms of sleep/waking patterns_____ | _____ | _____ | _____ |
| h. Predictable in terms of bowel/bladder patterns_____ | _____ | _____ | _____ |
| i. Predictable in terms of hunger pattern _____ | _____ | _____ | _____ |

10. Sexual Development:

a. Has the child sought any sexual information from parents? YES NO
 If yes, describe the nature of questions and how they were handled? _____

b. Has the child started developing sexual characteristics? YES NO
 If yes, age of onset? _____

For girls: Age of first menstrual period: _____

Cramps or other physical discomfort? YES NO

If yes, describe: _____

What was her attitude toward menstruation? _____

c. Has onset of puberty caused any difficulties for the child?

YES NO If yes, give details: _____

d. Has the child ever behaved or talked in a way that was not appropriate for girl/boy of her/his age? YES NO

If yes, give details: _____

Nature of behavior: _____

Age of child at time: _____ Who noticed the behavior? _____

What was done about it? _____

e. Do you or the child have any concerns about improper sexual considerations or contacts? YES NO

11. For each of the pairs of opposites below, circle the number which best describes how the child USUALLY APPEARS to you (for example, circling 1 on the first pair would mean the child is usually very happy; circling 4 would mean that he/she is usually somewhat sad).

	<u>MOSTLY</u>		<u>AVERAGE</u>		<u>MOSTLY</u>	
HAPPY	1	2	3	4	5	SAD
WITHDRAWN	5	4	3	2	1	OUTGOING
REFLECTIVE	1	2	3	4	5	IMPULSIVE
UNCONFIDENT	5	4	3	2	1	CONFIDENT
CALM	1	2	3	4	5	NERVOUS
HOSTILE	5	4	3	2	1	FRIENDLY
PATIENT	1	2	3	4	5	FRUSTRATED
CHANGING MOODS	5	4	3	2	1	STEADY MOODS
FEARLESS	1	2	3	4	5	FRIGHTENED
HYPERACTIVE	5	4	3	2	1	LETHARGIC
INTERESTED	1	2	3	4	5	BORED
VIOLENT EMOTIONS	5	4	3	2	1	EVEN-TEMPERED
EATS WELL	1	2	3	4	5	PROBLEM EATER
NO SENSE OF HUMOR	5	4	3	2	1	SENSE OF HUMOR
INDEPENDENT	1	2	3	4	5	DEPENDENT

12. Does the child CURRENTLY exhibit the following behaviors:

	YES	NO		YES	NO
FEARS			POOR SPEECH ARTICULATION		
MUCH FANTASY			STUTTERING		
MUCH DAYDREAMING			COMPULSIVE SPEECH		
HALLUCINATIONS			LOSS OF MEMORY		
DISORIENTATION (CONFUSED)			REPEATING WORDS/SENTENCES		
SELF-DESTRUCTIVE BEHAVIOR			REPEATING WHAT OTHERS SAY		
SUICIDAL THOUGHTS/ATTEMPTS			NO SPEECH		
NERVOUS HABITS OR TICS			DIFFICULTY DISTINGUISHING LEFT FROM RIGHT		
FITFUL SLEEPING			EATING NON-FOOD MATERIAL		
NIGHTMARES			VANDALISM		
SLEEPWALKING			FIRE SETTING		
POOR ATTENTION/CONCENTRATION			VERBAL AGGRESSION		
DIFFICULTY FOLLOWING INSTRUCTIONS			CRUELTY TO ANIMALS		
DIFFICULTY SOLVING PROBLEMS			LYING/DRUG USE		
POOR MEMORY			STEALING		
POOR COORDINATION			PREFER TO BE ALONE		
			VERY SHY		

13. Describe the child's strengths (with regards to abilities, behaviors, etc.).

- a.) _____
- b.) _____
- c.) _____
- d.) _____

V. Child's Education

A. School the child is presently attending: _____

Location: _____ Present Grade: _____

B. Other schools attended by the child and approximate dates of attendance:

C. Child's academic strengths: _____

D. Child's academic weaknesses/problems: _____

E. Child's behavior problems in school: _____

F. Please check what you feel best describes the child in the following areas:

	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
I. Grades	_____	_____	_____
II. Ability	_____	_____	_____
III. Attendance	_____	_____	_____

	EXCELLENT	USUALLY GETS ALONG	PROBLEMS
I. Relations with peers	_____	_____	_____
II. Relations with teachers	_____	_____	_____
G. Has the child required special help in any of the schools attended?			YES NO

If yes, please specify what kind and give dates:

DATE	SCHOOL	NATURE OF HELP
_____	_____	_____
_____	_____	_____
_____	_____	_____

H. Has the child repeated any grades? YES NO

If yes, please give details including which grade, reasons for repeating grade, and whether the results were beneficial or not: _____

I. Has the child been involved in any extra-curricular activities, school-related or otherwise?

YES NO If yes, give details and describe successes and problems:

J. What do you feel is the school's attitude toward parents? _____

K. Do you feel that the school is dealing appropriately with the child's strengths?

YES NO Comments: _____

VI. Regarding Child's Interactions with Others

	YES	NO	Is it a problem?
A. Is the child usually a loner?	_____	_____	_____
B. Does the child prefer <u>younger</u> children?	_____	_____	_____
C. Does the child prefer <u>older</u> children?	_____	_____	_____
D. Does the child <u>prefer</u> adults?	_____	_____	_____
E. Does the child usually avoid situations in which she/he would be a leader?	_____	_____	_____
F. Does the child usually avoid situations in which she/he would be a follower?	_____	_____	_____
G. Does the child have frequent fights with peers?	_____	_____	_____
H. Does the child have frequent fights with adults?	_____	_____	_____
I. Does the child have frequent fights with siblings?	_____	_____	_____

VII. Parent-Child Relations

A. Joint Activities

1. What kinds of things do you do together with the child?

FATHER: _____

MOTHER: _____

2. In what joint activities do you engage as a family? _____

B. Discipline

1. How do you discipline the child (describe):

FATHER: _____

MOTHER: _____

Other adults in family: _____

2. Are there differences between father and mother with regards to discipline?

YES NO If yes, explain: _____

3. Who usually disciplines the child? _____

4. Does the child prefer one parent over the other?

YES NO If yes, whom: _____

VIII. Parent-Child Relations (part 2)

A. Has the child ever been separated from parents?

FATHER: YES NO If yes, give details including dates: _____

MOTHER: YES NO If yes, give details including dates: _____

B. Were the parents nervous, anxious or depressed during the pregnancy with this child?

FATHER: YES NO If yes, give details: _____

MOTHER: YES NO If yes, give details: _____

C. Were the parents nervous, anxious or depressed during the child's first year of life?

FATHER: YES NO If yes, give details: _____

MOTHER: YES NO If yes, give details: _____

D. Was either parent unable or unwilling to care for child at any time? YES NO

If yes, give details: _____

E. Was this child wanted after she/he was born?

FATHER: YES NO MOTHER: YES NO

F. Has the child suffered loss of someone very close? YES NO

If yes, give details: _____

G. Has the child had any frightening experiences? YES NO
 If yes, give details: _____

H. Have any of the following events occurred in the family?

	YEAR	DESCRIBE
____ Moved to a new place	_____	_____
____ Change of school	_____	_____
____ Serious illness or injury in family	_____	_____
____ Death in family	_____	_____
____ Change in family's financial status	_____	_____

	YEAR	DESCRIBE
____ Promotion	_____	_____
____ Loss of job	_____	_____
____ Mother started working outside home	_____	_____
____ Divorce or separation	_____	_____
____ Brother or sister leaving home	_____	_____
____ Marriage of brother or sister	_____	_____
____ Difficulties/Problems with law	_____	_____
____ Emotional difficulties/Problems	_____	_____
____ Other (Specify)	_____	_____

IX. Family Background

A. List all children, including those by previous and subsequent marriages, and any deceased children with date of death:

NAME	BIRTH DATE	GRADE or OCCUPATION	LIVING IN HOUSEHOLD (yes or no)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Please list relatives or others living in the household:

NAME	AGE	RELATIONSHIP	GRADE/OCCUPATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Parent's relationship/marriage history:

1. Would you describe your relationship/marriage as:

Smooth Failure With occasional difficulties With frequent difficulties

2. Describe significant relationship/marital problems and how they are viewed by both partners:

FATHER: _____

MOTHER: _____

3. Have you sought outside help with regards to relationship/marital problems? YES NO

If yes, give details: _____

D. Parent Information:

1. FATHER

BIRTHDATE: _____ BIRTHPLACE: _____

OCCUPATION: _____ EMPLOYER: _____

DATE OF MARRIAGE/CIVIL UNION: _____ If separated, divorced, widowed, previously married, specify and give dates: _____

EDUCATION (Highest year completed) _____

Please describe any problems while the father was growing up, particularly in reference to any personal and/or family problems: _____

2. MOTHER

BIRTHDATE: _____ BIRTHPLACE: _____

OCCUPATION: _____ EMPLOYER: _____

DATE OF MARRIAGE/CIVIL UNION: _____ If separated, divorced, widowed, previously married, specify and give dates: _____

EDUCATION (Highest year completed) _____

Please describe any problems while the mother was growing up, particularly in reference to any personal and/or family problems: _____

E. List all members of parent's families including ages and mark their current status:

	<u>AGE</u>	<u>LIVING</u>	<u>DECEASED</u>	<u>MARRIED</u>	<u>SINGLE</u>
<u>FATHER'S FAMILY</u>					
Father	___	___	___	___	___
Mother	___	___	___	___	___
Siblings	___	___	___	___	___
	___	___	___	___	___
	___	___	___	___	___
<u>MOTHER'S FAMILY</u>					
Father	___	___	___	___	___
Mother	___	___	___	___	___
Siblings	___	___	___	___	___
	___	___	___	___	___
	___	___	___	___	___