

Edgewood Children's Center DEVELOPMENTAL HISTORY

Today's Date _____

Child 's Name _____ Sex _____ Birthdate _____

Name of person completing this form _____

Relationship to child _____ How long have you known this child _____

Some of the questions on this form may be difficult to answer because they go back to the time the child was born. Although it may be hard, it will help Edgewood to understand your child if you answer each question as fully as possible. Please bring up any problems you have with the questions during your appointment.

1. Age of the mother when the child was born _____ Age of the father _____

2. Was the pregnancy planned? No Yes. Has the mother ever miscarried? No Yes: Number _____

3. During the pregnancy, the mother's health was : Very Poor Poor Some problems Good Excellent

Accidents/Injuries

Confined to bed

Nausea or vomiting

Back pain

Drank alcohol regularly

Smoked cigarettes

Bleeding

High or low blood pressure

Unusual weight gain or loss

Diseases and illnesses (cancer, diabetes, measles, mumps, syphilis, etc.) during pregnancy _____

Prescribed medications used _____

Non-prescription medications used _____

Other drugs used (such as marijuana) _____

Other problems _____

4. What was the mother's life like during the pregnancy?

Happy

Upset by pregnancy

Money or job problems

Marital problems

Often depressed

Afraid of losing baby

Other children to care for

In-law problems

Nervous, worried

Drug problems

Death or illness in the family

Problems with parents

Poor health

Looked forward to birth

Had to quit work or school

Drinking problems

Other _____

5. What was the father's life like during the pregnancy?

Happy

Upset by pregnancy

Money or job problems

Marital problems

Often depressed

Afraid of losing baby

Other children to care for

In-law problems

Nervous, worried

Unaware of pregnancy

Death or illness in the family

Problems with parents

Poor health

Looked forward to birth

Had to quit work or school

Drug, drinking problems

Other _____

6. Length of labor _____ hours. Describe the course of labor:

Very difficult Some problems Fairly easy Induced Very frightening

Other _____

7. Describe the course of delivery:

Fairly easy

Some problems

Very difficult

Cesarean birth

Father present

Instruments used

Buttocks, breech birth

Natural child birth

Mother toxemic

Other _____

8. Sedatives, drugs, or medications given to the mother during labor and delivery:

- None Ether Pelvic Block Spinal or caudal
- Demerol Morphine Scopolamine-twilight sleep Don't recall
- Other _____

9. The child's birth weight was _____. Was the child premature? No Yes: Born at _____ weeks

10. The child was: one of twins or a multiple birth; a single birth.

11. Where was the child born? Hospital: _____ City _____ State _____

Elsewhere: Describe _____ City _____ State _____

12. Before the child was born, what sex child did the parents hope for?

The mother wanted: boy girl No preference. The father wanted: boy girl No preference

13. What was the child's condition immediately after birth? Good, no problems

- Blue baby Jaundiced RH problem
- Convulsions Oxygen needed Hospitalized for _____ days after mother went home
- Delayed breathing Delayed crying Incubator for _____ days
- Other _____

14. Did the child in some way seem different right from birth or a very early age?

No Yes: Describe _____

15. What illnesses and injuries did the child have during the first year of life?

- None Colds Health baby Pneumonia
- Accidents, falls Convulsions Infections Sickly baby
- Other _____

16. What was the mother's life like during the first year of the child's life?

- Happy Frequently depressed Returned to work or school Drinking problems
- Poor health Marital problems Money or job problems Drug problems
- Tired easily In-law problems Other children to care for Felt overwhelmed
- Nervous, worried Problems with parents Death or illness in the family Didn't live with child
- Other _____

17. What was the father's life like during the first year of the child's life?

- Happy Frequently depressed Returned to work or school Drinking problems
- Poor health Marital problems Money or job problems Drug problems
- Tired easily In-law problems Other children to care for Felt over whelmed
- Nervous, worried Problems with parents Death or illness in the family Didn't live with child
- Other _____

18. Was there someone regularly available to help the parents care for the child during the first year?

No Yes: Who _____

19. The child was bottle fed until _____ months. Child was fed on a regular schedule

breast fed until _____ months. demand schedule

20. Feeding problems during the first year:

- None; few Never seemed satisfied Colic, vomiting, spitting up Weight loss
- Scanty breast milk Poor weight gain Difficulty adjusting to formula
- Painful nursing Unpredictable appetite Difficulty changing from breast milk to bottle milk
- Other _____

21. Child's reaction to solid food:

Accepted readily Difficult at first Much difficulty Picky eater
 Other _____

22. Has the child ever been known to eat things that were not food?

No Yes: Paint Dirt Plaster Other _____

23. Has the child ever been evaluated for lead poisoning? No Yes: No lead was found High lead was found

24. Sleep patterns during the first year:

Slept well Slept all the time Rocked during sleep, headbanging
 Slept very little Hard to get to sleep Slept during the day, awake at night
 Other _____

25. Stomach and bowel problems during the first year: None, few

Diarrhea Delicate stomach Painful bowel movements Constipation
 Other _____

26. At what age did the child achieve each of the following:

<input type="checkbox"/> First Smile	<input type="checkbox"/> Crawled	<input type="checkbox"/> Used words	<input type="checkbox"/> First tantrum
<input type="checkbox"/> Slept all night	<input type="checkbox"/> Stood alone	<input type="checkbox"/> Used sentences	<input type="checkbox"/> Able to stay with sitter
<input type="checkbox"/> Sat alone	<input type="checkbox"/> Walked alone	<input type="checkbox"/> Fed self	<input type="checkbox"/> Dressed self

27. Did the child have any problems learning to talk?

None, few Substituted letters Seemed unable to hear Hard to understand
 Delayed speech Stammering Began speaking, then stopped Baby talk
 Other _____

28. Language(s) used in the child's home: English only Other _____

29. When was the child toilet trained? Bladder : _____ Daytime _____ Nighttime

Bowels: _____ Daytime _____ Nighttime

30. Were there any difficulties in toilet training?: None, few

A constant battle Refused to cooperate Didn't seem to catch on Smearing
 Didn't seem ready Frequent accidents Relapsed after learning Impacted bowels
 Other _____

31. How would you describe this child during the first year or two of life?

<input type="checkbox"/> Fairly active	<input type="checkbox"/> Disliked changes	<input type="checkbox"/> Quick tempered	<input type="checkbox"/> Different, strange
<input type="checkbox"/> Very active	<input type="checkbox"/> Hard to comfort	<input type="checkbox"/> Easily upset	<input type="checkbox"/> Fussy, whiny
<input type="checkbox"/> Fairly inactive	<input type="checkbox"/> Easy to comfort	<input type="checkbox"/> Irritable, nervous	<input type="checkbox"/> Cried frequently
<input type="checkbox"/> Very inactive	<input type="checkbox"/> Particular, stubborn	<input type="checkbox"/> Unresponsive	<input type="checkbox"/> Liked being held
<input type="checkbox"/> Unpredictable	<input type="checkbox"/> Couldn't accept "no"	<input type="checkbox"/> Happy, content	<input type="checkbox"/> Disliked being held
<input type="checkbox"/> Irregular	<input type="checkbox"/> Cried loudly	<input type="checkbox"/> Unhappy, sad	<input type="checkbox"/> Cuddly, affectionate
<input type="checkbox"/> Temperamental	<input type="checkbox"/> Weak cry	<input type="checkbox"/> Smiling, cooing	<input type="checkbox"/> Limp when held
<input type="checkbox"/> Moody	<input type="checkbox"/> Piercing cry	<input type="checkbox"/> Serious, solemn	<input type="checkbox"/> Stiff when held
<input type="checkbox"/> Shy, timid	<input type="checkbox"/> Unusually quiet	<input type="checkbox"/> Fearful	<input type="checkbox"/> Clinging
<input type="checkbox"/> Cautious	<input type="checkbox"/> Joyful	<input type="checkbox"/> Angry, hateful	<input type="checkbox"/> Demanding
<input type="checkbox"/> Curious	<input type="checkbox"/> Restless	<input type="checkbox"/> Sweet, loving	<input type="checkbox"/> Hard to care for
<input type="checkbox"/> Adventurousome	<input type="checkbox"/> Calm	<input type="checkbox"/> Cold, rejecting	<input type="checkbox"/> Easy to care for

Other _____

32. Has the child ever attended a preschool, nursery school, Headstart, day care, etc.?

No Yes: Age _____ to _____ All day Half day; _____ Days per week

Name of facility _____

If more space is needed, check here _____ and continue on the back of this page.

33. Beginning with Kindergarten, list all the schools the child has attended (write schools attended more than one year on the same line)

Age(s)	Grade(s)	School	City	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If more space is needed, check here _____ and continue on the back of this page.

34. What was the child's reaction to starting school?

- Looked forward to going Cried/fearful at first Refused to go to school
 Did not seem ready Cried/fearful for a long time Made up excuses to stay home
 Other _____

35. List all those who cared for the child for long periods of time, such as when the mother and father worked.

Age	Age	Relationship to child (grandmother, neighbor, hired sitter, etc.)
_____	to _____	_____
_____	to _____	_____
_____	to _____	_____

If more space is needed, check here _____ and continue on the back of this page.

36. Who ordinarily disciplines the child at home?

Father and mother Mother, mostly Father, mostly Other _____

37. What types of discipline have been tried?

- Spanking Slapping Rewards Talking to the child
 Grounding Isolating Taking things away Beating
 Reasoning Whipping Active listening Ignoring
 Other _____

38. How has the child responded to discipline?

- Helps only briefly Fearful of discipline Frequently needs discipline Good, discipline not a problem
 Nothing gets through Resists discipline Seldom needs discipline Responds only to harshness
 Other _____

39. When misbehaving or breaking rules, the child

- Seldom gets caught Wants to be caught Is being blamed by others Doesn't know right from wrong
 Seldom misbehaves Always gets caught Doesn't learn from experience Hangs-out with the wrong friends

40. When caught misbehaving or breaking rules, how does the child react?

- Seems frightened Feels guilty a long time Acts sorry, but really isn't Lies about what happened
 Never admits guilt Feels really sorry Uses "I'm sorry" for an excuse Blames others
 Other _____

41. When a friend or family member gets in trouble or has a hard time, how does the child react?

- Wants to help Overly worried Is a tattletale Defends the other person
 Shows concern Seems indifferent Seems glad Tries to make the problem worse
 Other _____

42. What does the child say he/she wants to be when grown up? _____

43. Of those in the home, who is the child closest to? _____

Of those outside the home, who is the child closest to? _____

Does the child currently have a "best" friend? No Yes: Age _____; Sex _____; How long _____

44. What does the child like to do most?

With mother _____ With brothers or sisters _____

With father _____ With friends _____

With family _____ Alone _____

45. What are the child's special interests, talents, and skills _____

46. What do others tend to like most about this child _____

47. What relatives, family friends, or other children have died during the child's life? None

Relationship to Child (friend, grandparent, neighbor, etc.)	Child's Age	Relationship to Child (friend, grandparent, neighbor, etc.)	Child's Age
_____	_____	_____	_____
_____	_____	_____	_____

If more space is needed, check here _____ and continue on the back of this page.

48. List child's serious illnesses, accidents, operations, and hospitalizations. None

Problems -Illness	Age	Hospitalized?	If Hospitalized, how long?
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes:	_____
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes:	_____
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes:	_____

49. Has either parent been unavailable to the child for long periods (in the Armed Services, illness, working two jobs, parents separated, etc.)

No Yes: Describe _____

50. Other than a placement, such as a group home, has the child ever lived with anyone other than the current parent(s) ? No

Who the child was living with	Ages	Who the child was living with	Ages
_____	_____	_____	_____
_____	_____	_____	_____

If more space is needed, check here _____ and continue on the back of this page.

51. For girls: At what age did she start her monthly periods and how did she react? Has not started Started at age _____

Seemed proud Very embarrassed Didn't seem prepared Refused to take care of herself
 Seemed uneasy Tried to ignore Complained of cramps Had difficulty accepting
 Other _____

52. Does the child see and hear well? Sees & hears well Not sure of hearing Needs hearing aid Uses hearing aid

Not sure of vision Needs glasses Wears glasses
 Other _____

53. Does the child need any type of special diet? No Yes: Describe _____

If more space is needed, check here _____ and continue on the back of this page.

54. How is the child's health at this time? _____

55. If there is anything else that might be important for Edgewood to know about the child's growth and development, check here and continue on the back of this page.