

**Carol J. Miller, Ph.D.**  
Clinical Psychologist  
703-556-8482

7700 Leesburg Pike, Ste 200  
Falls Church, VA 22043

1630 Connecticut Ave, NW, Ste 400  
Washington, DC 20009

4828-B West Lane  
Bethesda, MD 20814

### DEVELOPMENTAL QUESTIONNAIRE

This questionnaire will help me evaluate your child. Please answer as fully as possible.

Child's name: \_\_\_\_\_ Birth date/Age: \_\_\_\_\_

Parents' names: \_\_\_\_\_

Filled out by: \_\_\_\_\_ Date: \_\_\_\_\_

#### INFANCY

Was this child adopted? \_\_\_\_\_

Was this a planned pregnancy? \_\_\_\_\_

How long was the pregnancy? \_\_\_\_\_

How did mother feel throughout the pregnancy

Emotionally? \_\_\_\_\_

Physically? \_\_\_\_\_

What medications were taken during the pregnancy? \_\_\_\_\_

How long was labor? \_\_\_\_\_

Was delivery normal? \_\_\_\_\_

How was the baby's health at birth? \_\_\_\_\_

\_\_\_\_\_

What were the APGAR scores? \_\_\_\_\_

Describe the baby's temperament during the first year? \_\_\_\_\_

Was he/she unusually sensitive to noise or touch? \_\_\_\_\_

Was he/she active or quiet? \_\_\_\_\_

Was he/she bold or cautious in new situations? \_\_\_\_\_

Did he/she adapt quickly or slowly to changes? \_\_\_\_\_

What was his or her predominant mood? \_\_\_\_\_

How intense was his or her mood? \_\_\_\_\_

Was he or she persistent with things of interest? \_\_\_\_\_

Was he or she easily distracted? \_\_\_\_\_

How routinized was he or she? \_\_\_\_\_

Was he/she responsive? \_\_\_\_\_

Did he/she cry a lot? \_\_\_\_\_

Was the baby breast or bottle-fed? \_\_\_\_\_

If breast-fed, at what age was he/she weaned? \_\_\_\_\_

Were there any feeding problems? If so, what were they? \_\_\_\_\_

\_\_\_\_\_

Did the child have any sleeping problems as an infant? If so, what? \_\_\_\_\_

\_\_\_\_\_

Where did the child sleep? \_\_\_\_\_

With whom? \_\_\_\_\_

Did the child suck his thumb? \_\_\_\_\_ Until what age? \_\_\_\_\_

Use a pacifier? \_\_\_\_\_ Until what age? \_\_\_\_\_

Carry around a favorite blanket or stuffed animal? \_\_\_\_\_

Until what age? \_\_\_\_\_

At what age did the child crawl? \_\_\_\_\_

Sit up? \_\_\_\_\_ Stand up? \_\_\_\_\_ Walk holding on? \_\_\_\_\_

Say his/her first word? \_\_\_\_\_ Follow simple commands? \_\_\_\_\_

Put words together? \_\_\_\_\_

Talk in complete sentences? \_\_\_\_\_

### TODDLERHOOD

Did the child have temper tantrums? \_\_\_\_\_

If so, how were they handled? \_\_\_\_\_

Breath-holding spells? \_\_\_\_\_

Hair-pulling? \_\_\_\_\_

Biting? \_\_\_\_\_

At what age was toilet training started? \_\_\_\_\_

Did the child have difficulty? Describe: \_\_\_\_\_

\_\_\_\_\_

When was the child dry at night? \_\_\_\_\_

When was toilet training completed? \_\_\_\_\_

Was either parent separated from the child during the first three years? \_\_\_\_\_

When? \_\_\_\_\_

Why? \_\_\_\_\_

What was the child's reaction? \_\_\_\_\_

What age was the child when mother/father went back to work? \_\_\_\_\_

---

Who cared for the child? \_\_\_\_\_

How many caretakers have cared for the child while parents worked? \_\_\_\_\_

Did any significant events occur during the first three years of the child's life (move, birth of sibling, death in family, absence of spouse, job change, marital difficulties, etc.)?

---

---

### NURSERY SCHOOL

At what age did the child start nursery school? \_\_\_\_\_

How many days a week? \_\_\_\_\_

Did your child separate easily when you took him or her to nursery school? \_\_\_\_\_

How long into the school year did he/she have trouble separating? \_\_\_\_\_

Did your child like nursery school? \_\_\_\_\_

How did your child relate with the other children? \_\_\_\_\_

What did the teacher say about his/her behavior and development? \_\_\_\_\_

---

At the end of nursery school, was there any question about his/her readiness for kindergarten? If so, why? \_\_\_\_\_

---

KINDERGARTEN

At what age did the child begin kindergarten? \_\_\_\_\_

Did he/she like kindergarten? \_\_\_\_\_

Did he learn the ABC's? \_\_\_\_\_

To count? \_\_\_\_\_

How did the child get along with other children? \_\_\_\_\_

What did the child's teacher say about the child's behavior and development?

At the end of the year, was he/she considered to be ready for first grade? \_\_\_\_\_

If not, why not? \_\_\_\_\_

ELEMENTARY SCHOOL

Please list the schools your child has attended:

Year	Grade	Name of school and location
_____	K	_____
_____	1	_____
_____	2	_____
_____	3	_____
_____	4	_____
_____	5	_____
_____	6	_____

Describe any learning/behavioral problems during these years: \_\_\_\_\_

---

---

Describe the child's relationship with other students: \_\_\_\_\_

---

Describe after-school activities, hobbies, favorite spare-time pursuits: \_\_\_\_\_

---

---

### ADOLESCENCE

Please list schools your child has attended:

Year	Grade	Name of school and location
_____	7	_____
_____	8	_____
_____	9	_____
_____	10	_____
_____	11	_____
_____	12	_____
_____	College	_____

How does your child relate to other teenagers? \_\_\_\_\_

---

How does your child spend his/her spare time? \_\_\_\_\_

\_\_\_\_\_

With whom does your child share personal information? \_\_\_\_\_

\_\_\_\_\_

Has your child ever been pregnant or responsible for a pregnancy? \_\_\_\_\_

Describe any self-destructive behavior demonstrated by your child. Have you noticed any signs that the child may be hurting him/herself, such as scratch marks on the body?

\_\_\_\_\_

Describe any school behavior problems your child has experienced: \_\_\_\_\_

\_\_\_\_\_

### GENERAL/MEDICAL

Child's primary physician: \_\_\_\_\_

Is child under a doctor's care? \_\_\_\_\_ If so, why? \_\_\_\_\_

Is child currently taking medication? \_\_\_\_\_ If so, why? \_\_\_\_\_

\_\_\_\_\_

Date of last physical exam: \_\_\_\_\_ By whom? \_\_\_\_\_

What major illnesses or injuries has the child had? \_\_\_\_\_

\_\_\_\_\_

Any hospitalizations? \_\_\_\_\_ When? \_\_\_\_\_

Why? \_\_\_\_\_

Describe any concerns you have about your child's weight or eating habits:

\_\_\_\_\_

\_\_\_\_\_

Has your child ever appeared depressed or withdrawn? \_\_\_\_\_

\_\_\_\_\_

Has your child had problems with wetting his/her clothes or bed, or having bowel movements in his/her clothes or bed since he or she was toilet trained? If so, what was the problem?

\_\_\_\_\_

Please list any habits I should be aware of: \_\_\_\_\_

\_\_\_\_\_

What forms of discipline have been used? \_\_\_\_\_

\_\_\_\_\_

By whom? \_\_\_\_\_

What worked best? \_\_\_\_\_

What sex information does the child have? \_\_\_\_\_

\_\_\_\_\_

Who gave it? \_\_\_\_\_

Has your child ever received psychological or educational testing? If so, indicate date and name of individual administering test:

\_\_\_\_\_

Additional information: