

CHILDHOOD HISTORY FORM

Child's Name _____ Date _____

Birthdate _____ Age _____ Sex _____

Adopted ___ yes ___ no Is your child aware of adoption? ___ yes ___ no

| Others in Household: | Relationship to child | Age |
|----------------------|-----------------------|-----|
|----------------------|-----------------------|-----|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Briefly state your main concerns about your child:

Have any of the child's blood relatives experienced similar problems?

Did the child's mother or the child experience any complications during pregnancy/delivery?

MEDICAL HISTORY Please note the age and any other pertinent information. Use back if necessary.

Childhood diseases: _____

Operations: _____

Other hospitalizations: _____

Head injuries: _____

Convulsions/seizures: _____

Persistent high fevers: _____

Eye problems: _____

Tics (eye blinking, sniffing, or any repetitive movement): _____

Ear problems: _____

Allergies or asthma: _____

Sleep problems (restless, night waking, sleepwalking): _____

Bedwetting or soiling pants in daytime: _____

Describe the child's appetite: _____

Please list other doctors or professionals consulted: _____

Current medications and dose: _____

Counseling: _____

FAMILY/SOCIAL HISTORY

Include any brothers or sisters you (the parent) have/had as well as your (the parent) natural parents (In other words, YOUR childhood history). Be sure to include PAST or PRESENT behavior.

Birth Mother Childhood History (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Drug Usage |
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Criminal Activity | <input type="checkbox"/> Homosexuality |

Birth Father Childhood History (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Drug Usage |
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Criminal Activity | <input type="checkbox"/> Homosexuality |

Step-Mother Childhood History (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Drug Usage |
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Criminal Activity | <input type="checkbox"/> Homosexuality |

Step-Father Childhood History (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Drug Usage |
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Criminal Activity | <input type="checkbox"/> Homosexuality |

Adopted Mother Childhood History (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Drug Usage |
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Criminal Activity | <input type="checkbox"/> Homosexuality |

Adopted Father Childhood History (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Drug Usage |
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Criminal Activity | <input type="checkbox"/> Homosexuality |

Which family member has the best relationship with the patient? _____

INFANCY - TODDLERHOOD

Were any of the following present during the first few years?

- | | |
|---|---|
| <input type="checkbox"/> did not enjoy cuddling | <input type="checkbox"/> was not calmed by being held |
| <input type="checkbox"/> difficult to comfort | <input type="checkbox"/> colic |
| <input type="checkbox"/> excessive restlessness | <input type="checkbox"/> excessive irritability |
| <input type="checkbox"/> frequent head banging | <input type="checkbox"/> constantly into everything |

TEMPERAMENT: please rate the following as you child appeared in infancy and toddlerhood:

- Activity level: under-active average activity level overactive
Adaptability: adapted easily to change resisted change
Intensity: average feelings were often intense
Mood: often happy average range of moods
 often dissatisfied or irritable

DEVELOPMENTAL MILESTONES

As best you can recall, list age of development, or check item at right:

| | Age | or | Early | Normal | Late |
|-----------------------------------|--------------------------|----|--------------------------|--------------------------|--------------------------|
| Walked without assistance | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spoke first words | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Any speech/articulation problems? | | | | | |
| Toilet trained daytime | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Toilet trained nighttime | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COORDINATION Rate your child on the following skills:

| | Good | Average | Poor |
|--------------------|--------------------------|--------------------------|--------------------------|
| Walking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Running | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Throwing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Catching | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shoelace tying | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Athletic abilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMPREHENSION AND UNDERSTANDING

Do you consider your child to understand directions and situations as well as other children his/her age?

How would you rate your child's overall level of intelligence?

- Below average Above average Average

PEER RELATIONSHIPS

How does your child get along with others his/her age? Describe any problems.

CHILDS SCHOOL HISTORY

School currently attending: _____ Grade level _____

Is you child in any resource or special classes? _____

Has your child ever repeated a grade? If so, which? _____

Briefly describe your child's school progress. Note usual grades, any problems or successes, strong subjects and weak subjects:

Preschool - K _____

1st - 5th _____

6th - 8th _____

9th - 12th _____

Describe any conduct problems you child has had in school:

How would you rate your child's homework/study skills? ___ Good ___ Average ___ Poor

Describe difficulties: _____

Has your child had tutoring or remedial work? _____

Does your child like to read? _____ How often (circle one) Never Seldom Occas. Often

Please rate reading ability as _____ good _____ fair _____ poor

Any other comments on your child's performance and behavior:

HOME BEHAVIOR AND MOOD

Check which of the following applies to your self

- | | |
|---|--|
| <input type="checkbox"/> frequently irritable or moody | <input type="checkbox"/> nervous, anxious |
| <input type="checkbox"/> can't seem to enjoy doing anything | <input type="checkbox"/> frequent headaches |
| <input type="checkbox"/> sad spells | <input type="checkbox"/> frequent stomachaches |
| <input type="checkbox"/> crying spells | <input type="checkbox"/> has had a panic attack (rapid heartbeat, sweaty palms, feeling something bad about to happen) |
| <input type="checkbox"/> easily bored | <input type="checkbox"/> difficulty sleeping: <input type="checkbox"/> goes to sleep very late <input type="checkbox"/> hard to get up in morning <input type="checkbox"/> very restless sleep <input type="checkbox"/> bad dreams |
| <input type="checkbox"/> poor or low motivation | <input type="checkbox"/> acts like driven by a motor |
| <input type="checkbox"/> low self-esteem (makes negative statements about self) | <input type="checkbox"/> doesn't seem to learn from experience |
| <input type="checkbox"/> can't seem to concentrate | <input type="checkbox"/> very disorganized (loses things, has very messy room) |
| <input type="checkbox"/> has had thoughts of or made comments about suicide | <input type="checkbox"/> has ever been physically or sexually abused |
| <input type="checkbox"/> other: _____ | <input type="checkbox"/> drug or tobacco use: _____ |
| <input type="checkbox"/> eats (too much) or (too little) | <input type="checkbox"/> argues with or rude to teachers |
| <input type="checkbox"/> frequent arguing at home | |
| <input type="checkbox"/> fearfulness | |

If you have experienced any stressful or traumatic situations in the past few months or in the last few years please describe:

Any additional comments you would like to make about your child (mood, behavior, personality, etc.):

Thank you for the time and effort you gave in completing this form. Please also complete any check lists which accompany this history form.

ATTENTION CHECKLIST

Name _____

Please circle the number corresponding to the degree the following characteristics have been experienced.

| | None | Just A little | Pretty much | Very much |
|--|------|------------------|----------------|--------------|
| Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities. | 0 | 1 | 2 | 3 |
| Often has difficulty sustaining attention in tasks or play activities | 0 | 1 | 2 | 3 |
| Often does not seem to listen when spoken to directly | 0 | 1 | 2 | 3 |
| Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace | 0 | 1 | 2 | 3 |
| Often has difficulty organizing tasks and activities | 0 | 1 | 2 | 3 |
| Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort | 0 | 1 | 2 | 3 |
| Often loses things necessary for tasks or activities (in play, school, or work) | 0 | 1 | 2 | 3 |
| Is often easily distracted by sounds, noises, movements unrelated to the task at hand (listening in class, studying) | 0 | 1 | 2 | 3 |
| Is often forgetful in daily activities | 0 | 1 | 2 | 3 |
| Often fidgets with hands or feet or squirms in seat | 0 | 1 | 2 | 3 |
| Often leaves seat in classroom or in other situations in which it is inappropriate | 0 | 1 | 2 | 3 |
| Often has difficulty playing or engaging in leisure activities quietly | 0 | 1 | 2 | 3 |
| Is often "on the go" or often acts as if "driven by a motor" | 0 | 1 | 2 | 3 |
| Often talks excessively | 0 | 1 | 2 | 3 |
| Often blurts out answers before questions are completed | 0 | 1 | 2 | 3 |
| Often has difficulty awaiting turn | 0 | 1 | 2 | 3 |
| Often interrupts or intrudes on others | 0 | 1 | 2 | 3 |

How long have the above marked symptoms been evident?

____ by school age (6 or 7) ____ by high school Other:

Does your child show these symptoms in more than one setting (i.e. home, school, public)?

_____ yes _____no

MOOD RATING SCALE

Name _____

Carefully consider which apply to your child or teenager. Circle the corresponding number.

Depressed mood (sad, gloomy, forlorn)

1. None
2. Mild
3. Moderate (brief periods of unhappiness or no emotion)
4. Severe (often looks sad or withdrawn)

Weeping

1. None
2. Normal for age
3. Seems to cry more frequently than peers
4. Cries frequently

Self Esteem

1. Child describes self in mostly positive terms
2. Little or no evidence of lowered self esteem
3. Describes self in some positive, some negative terms
4. Positive and negative terms, but mostly negative
5. Refers to self in derogatory terms, or avoids the question

Morbid thinking (death, violence)

1. None apparent
2. Some morbid thoughts - related to actual events
3. Somewhat more than usual morbid thoughts
5. Elaborate or extensive morbid thinking

Suicide and Suicide Ideation

1. None apparent
2. Has thought of suicide - usually when angry
3. Recurrent thoughts of suicide
4. Thinks about suicide and names methods
5. Has recently attempted suicide

Irritability (whining, chip on shoulder, hostility)

1. None
2. Normal amount
3. Occasional-slightly more than normal
4. Episodic - comes and goes
5. Frequent
6. Constant

Schoolwork

1. Performing at or above expected level
2. Not working to capacity or recent disinterest
3. Doing poorly in most subjects or major decline

Capacity to have fun

1. Interests & hobbies appropriate for age
2. Some interests but mostly passive, lacks enthusiasm
3. Easily bored, "Nothing to do"
4. No initiative, watches others or only TV. has to be coaxed to be involved in any activities¹.

Social Withdrawal

1. Enjoys good friendships with peers
2. Has several friends, not very close
3. Is passive in getting friends
4. Rejects opportunities for interaction
5. Does not relate to other children

Expressive communication

1. Expresses self fairly well
2. Not very talkative, but will talk
3. Withdrawn, very reluctant to talk

Sleep

1. Occasional or no difficulty sleeping
2. Mild but frequent difficulty sleeping
3. Moderate difficulty sleeping almost every night
 - a. problem getting to sleep
 - b. problem waking at night
 - c. Problem waking in morning

Disturbance of eating

1. No problem
2. Mild____ Too little____ Too much____
3. Moderate____ Too little____ Too much____

Frequent Physical Complaints (head, stomach)

1. No complaints
2. Mild, occasional complaints
3. Frequent complaints,
4. Preoccupies with aches and pains

General Somatic

1. Normal
2. Occasional complaints of fatigue
3. Frequent complaints of being tired

Activity Level

1. Activity at usual level
2. Slight reduction of activity level
3. Activity greatly reduced from usual

Completed by: _____

Comments:

TAYLOR SCREENING CHECKLIST

Name _____ Please rate your child's natural tendencies for each trait listed.

More Like This

No Trend

More Like This

| A. | | B. | | C. |
|----|--|----|--|----|
| | A quiet person | | A noisy and talkative person | |
| | Voice volume is soft or average | | Voice generally is too loud | |
| | Few mouth or body noises | | Makes lots of sounds with mouth or body | |
| | Walks at appropriate times | | Flits around, runs ahead, jumpy | |
| | Keeps hands to self | | Pokes, touches, feels, grabs | |
| | Appears calm, can be still | | Always moving, fidgets, squirmy | |
| | Can just sit | | Has to be doing something; quickly bored | |
| | Slow to react; deliberate; not impulsive | | Too quick to react, engages mouth or muscles | |
| | Understands why parents or teachers are displeased after misbehavior | | Feels picked on, is surprised and confused about why others are displeased | |
| | Planful; thinks ahead to consequences before acting | | Does things without considering consequences | |
| | Avoids other children's mischief | | Gets involved in mischief; attracted to or starts | |
| | Concerned about punishment and consequences | | Pretends to have an "I don't care" attitude | |
| | Obeys directions and follows orders | | Disobeys; needs supervision or reminding | |
| | Constant mood with mild or slow mood changes | | Mood unpredictable; quick to anger or tears | |
| | Easygoing; handles frustration without much anger | | Irritable; impatient; easily frustrated | |
| | Emotions are reasonable and controlled, are not extreme, and don't disrupt relationships | | Emotions are extreme and poorly controlled; no damper on emotion; explosive tantrum-like | |
| | Cooperates with, obeys and enforces rules | | Argues and gripes about the rules; wants to be the exception | |
| | Gives up when denied a requested privilege, item, or activity | | Badgers, pesters, won't give up or take no for an answer | |
| | Concentrates and blocks out distraction when working on something of medium interest | | Easily distracted by noises and people nearby; short attention span | |
| | Follows through, has an organized approach | | Flits from activity to activity, does not finish things | |
| | Does not try to bother or hurt others with words | | Needles, teases, has to have the last word | |

Most children exhibit, at one time or another, one or more of the symptoms listed below. Place a P next to those that your child has exhibited in the PAST and N next to those that your child exhibits NOW. Only mark those symptoms that have been or are present to a significant degree over a period of time. Only check as problems behavior that you suspect is unusual or atypical when compared to what you consider to be the normal for your child's age.

| | | | | | |
|-----|--|-----|---|-----|--|
| ___ | Thumb-sucking | ___ | Frequently likes to wear clothing of the opposite sex | ___ | Little, if any, guilt over behavior that causes others pain and discomfort |
| ___ | Baby Talk | ___ | Exhibits gestures and intonations of the opposite sex | ___ | Little, if any, response to punishment for antisocial behavior |
| ___ | Overly dependent for age | ___ | Frequent headaches | ___ | Few, if any, friends |
| ___ | Frequent temper tantrums | ___ | Frequent stomach aches | ___ | Does not seek friendships |
| ___ | Excessiveness | ___ | Frequent nausea and vomiting | ___ | Rarely sought by peers |
| ___ | silliness and clowning | ___ | Often complains of bodily aches and pains | ___ | Not accepted by peer group |
| ___ | Excessive demands for attention | ___ | Worries over bodily illness | ___ | Selfish |
| ___ | Cries easily and frequently | ___ | Poor motivation | ___ | Argumentative |
| ___ | Generally immature | ___ | Apathy | ___ | Does not respect the rights of others |
| ___ | Eats non-edible substances | ___ | Takes path of least resistance | ___ | Wants things own way with exaggerated reaction if thwarted |
| ___ | Overeating with overweight | ___ | Ever trying to avoid responsibility | ___ | Trouble putting self in other person's position |
| ___ | Eating binges with overweight | ___ | Poor follow through | ___ | Ecocentric (self-centered) |
| ___ | Under eating with underweight | ___ | Low curiosity | ___ | Frequently hits other children |
| ___ | Long periods of dieting and food abstinence with underweight | ___ | Open defiance of authority | ___ | Excessively critical of others |
| ___ | Preoccupied with food--what to eat and what not to eat | ___ | Blatantly uncooperative | ___ | Excessively taunts other children |
| ___ | Preoccupation with bowel movements | ___ | Persistent lying | ___ | Ever complaining |
| ___ | Constipation | ___ | Frequent use of profanity to parents, teachers, and other authorities | ___ | Is often picked on and easily bullied by other children |
| ___ | Encopresis (soiling) | ___ | Truancy from school | ___ | Suspicious, distrustful |
| ___ | Insomnia (difficulty sleeping) | ___ | Runs away from home | ___ | Aloof |
| ___ | Enuresis (bed wetting) | ___ | Violent outbursts of rage | ___ | "Wise-guy" or smart aleck attitude |
| ___ | Frequent nightmares | ___ | Stealing | ___ | Braggs or boasts |
| ___ | Night terrors (terrifying night time out bursts) | ___ | Cruelty to animals, children, and others | ___ | Bribes other children |
| ___ | Sleepwalking | ___ | Destruction of property | ___ | Excessively competitive |
| ___ | Excessive sexual interest and preoccupation | ___ | Criminal and/or dangerous acts | ___ | Often cheats when playing games |
| ___ | Frequent sex play with other children | ___ | Trouble with the police | ___ | |
| ___ | Excessive masturbation | ___ | Violent assault | ___ | |
| | | ___ | Fire setting | ___ | |

| | | | | | |
|-----|------------------------|-----|-------------------------|-----|-------------------------|
| ___ | "Sore Loser" | ___ | going away to camp | ___ | Perfectionist, rarely |
| ___ | "Does not know when | ___ | animals | ___ | satisfied with |
| ___ | to stop" | ___ | other fears (name) | ___ | performance |
| ___ | Poor common sense in | ___ | Anxiety attacks with | ___ | Frequently blames |
| ___ | social situations | ___ | palpitations (heart | ___ | others as a cover up |
| ___ | Often feels cheated | ___ | pounding), shortness | ___ | for own short |
| ___ | or gypped | ___ | of breath, sweating, | ___ | comings |
| ___ | Feels others are | ___ | etc. | ___ | Little concern for |
| ___ | persecuting him when | ___ | Disorganized | ___ | personal appearance |
| ___ | there is no evidence | ___ | Excessive worrying | ___ | or hygiene |
| ___ | for such | ___ | over minor things | ___ | Little concern for or |
| ___ | Typically wants his or | ___ | Tics such as eye | ___ | pride in personal |
| ___ | her own way | ___ | blinking, grimacing, or | ___ | property |
| ___ | Very stubborn | ___ | other spasmodic | ___ | "Gets hooked" on |
| ___ | Obstruction-istic | ___ | repetitious | ___ | certain ideas and |
| ___ | Negativistic (does | ___ | movements | ___ | remains preoccupied |
| ___ | just the opposite of | ___ | Involuntary grunts, | ___ | |
| ___ | what is requested) | ___ | vocalizations | ___ | Compulsive repetition |
| ___ | Quietly, or often | ___ | (understandable or | ___ | of seemingly |
| ___ | silently, defiant of | ___ | not) | ___ | meaningless physical |
| ___ | authority | ___ | Stuttering | ___ | acts |
| ___ | Feigns or verbalizes | ___ | Depression | ___ | Shy |
| ___ | compliance or | ___ | Frequent crying | ___ | Inhibited self |
| ___ | cooperation but does | ___ | spells | ___ | expression in dancing, |
| ___ | not comply with | ___ | Suicidal | ___ | singing, laughing, etc. |
| ___ | requests | ___ | preoccupation, | ___ | Recoils from |
| ___ | Drug abuse | ___ | gestures, or attempts | ___ | affectionate physical |
| ___ | Alcohol abuse | ___ | Excessive desire to | ___ | contact |
| ___ | Very tense | ___ | please authority | ___ | Withdrawn |
| ___ | Nail biting | ___ | "Too Good" | ___ | Fears asserting self |
| ___ | Chews on clothes, | ___ | Often appears | ___ | Inhibits open |
| ___ | blankets, etc. | ___ | insincere and/or | ___ | expression of anger |
| ___ | Head banging | ___ | artificial | ___ | Allows self to be |
| ___ | | ___ | Too mature, | ___ | easily taken |
| ___ | Hair pulling | ___ | frequently acts older | ___ | advantage of |
| ___ | Picks on skin | ___ | than actual age | ___ | Frequently pouts |
| ___ | Speaks rapidly and | ___ | Excessive guilt over | ___ | and/or sulks |
| ___ | under pressure | ___ | minor indiscretions | ___ | Mute (refuses to |
| ___ | Irritability, easily | ___ | Asks to be punished | ___ | speak) but can |
| ___ | "flies off the handle" | ___ | Low self-esteem | ___ | Gullible/naive |
| ___ | | ___ | Excessive self- | ___ | Passive and easily led |
| ___ | FEARS/PHOBIAS | ___ | criticism | ___ | Excessive |
| ___ | dark | ___ | Very poor toleration | ___ | fantasizing, "lives in |
| ___ | new situations | ___ | of criticism | ___ | his (her own world" |
| ___ | strangers | ___ | Feelings easily hurt | ___ | Flat emotional tone |
| ___ | being alone | ___ | Dissatisfact-ion with | ___ | Speech is non- |
| ___ | death | ___ | appearance or body | ___ | communicative or |
| ___ | separation from | ___ | part(s) | ___ | poorly communicative |
| ___ | parent | ___ | Excessive modesty or | ___ | Hears voices |
| ___ | school | ___ | exposure | ___ | Sees visions |
| ___ | visiting other | ___ | | ___ | |
| ___ | children's homes | ___ | | ___ | |