

Development Questionnaire

Child's name: _____

Child's age: _____

Date: _____

Family Health History

For both parents' families, list any relevant health conditions, including mental and physical health, seizure conditions, disabilities, and learning problems:

Your Child's Health

List information about your child's growth, any disabling conditions, illnesses and treatments, operations, accidents, immunizations, etc. If relevant, include your reactions:

Family Separation

How often do you leave your child in another's care?

1. What kind of childcare do you use (including babysitting)?

2. How does your child react to being left with someone else?

3. How do you feel about leaving your child with someone else?

Feeding / Oral Behavior

1. Describe what and how your child eats:

2. Describe any other oral behavior your child has (thumbsucking, pacifier use, mouthing toys or other objects, biting, etc.) and your reactions:

Sleep

1. Does your child have any sleep problems? Describe them:

2. Describe your child's typical sleep / wake pattern (including naps):

Activity and Motor Development

1. Describe your child's gross and fine motor skills (how he moves around, grabs things, etc.). Have you noticed anything unusual in this area?

2. Are you concerned about your child's motor skills? Why?

Social Skills and Environment

1. What, if anything, can your child do for himself?

2. Can your child follow simple directions?

3. How does your child react to family outings and visitors?

4. Does your child participate in any social groups outside the home (daycare, playgroup, etc.)
Yes / No

Coping

1. Describe how your child copes with discomfort, frustration, or other distress:

Language and Communication

1. Describe your child's language abilities (if your baby is under a year old, include any sounds and words he makes; if he's older, include the extent of his vocabulary and whether he uses word combinations, complete sentences, and / or pronouns such as he, she, and it):

2. How do you encourage your child's language development (reading, talking, singing, etc.)?

3. If your child isn't talking yet, how does he communicate his wishes?

Toys and Play

1. List your child's favorite toys and describe how he plays with them:

2. Does your child have a favorite toy / lovey? Yes / No

What is it? _____

3. Does your child play on his own? Yes / No

4. Does your child play with other children? Yes / No

5. Does your child use his imagination when he plays? Yes / No

Feelings and Moods

1. Describe your child's range of feelings (comfort, discomfort, pleasure, joy, anger, affection, fear, hostility, depression / sadness) and how he expresses them:

-
-
-
-
-
2. What is likely to upset your child?

 3. What makes him feel better?

Fears and Anxieties

1. What is your child afraid of?

2. What isn't he afraid of?

3. Does your child ever seem fearless when he does something dangerous? Yes / No
4. Does your child ever seem unusually sensitive to sounds, light, textures, or changes in routine?

5. How do you -- and your child -- handle his anxieties?

Aggressive Behavior

1. In what ways, if any, does your child behave aggressively toward you, his siblings, his playmates, or others?

2. How do you react?

3. Does your child ever hurt himself on purpose? Yes / No
4. If yes, how?

5. Can your child stand up for himself when attacked by another? Yes / No

Relationships With Others

1. Describe your child's relationships with you and other family members:

2. Does your child have a strong preference for one parent? Yes / No
3. Which one? _____
4. Does your child have a strong preference for a particular sibling? Yes / No
5. Which one? _____
6. How does your child react to extended family members, family friends, and strangers?

7. Is your child friendly to everyone, including all strangers? Yes / No

Other information

Use this space to jot down any other information you think is relevant:

Adapted from BabyCenter LLC, 2006