SOCIAL-DEVELOPMENTAL HISTORY QUESTIONNAIRE
Carolina Total Child

I. GENERAL INFORMATION

Today's Date: _____

Child's full name_____ Grade_____ Age_____ DOB_____
Current Address: _____
Person providing information: _____ Relationship to child_____

Who does child live with: □ both parents □ mother □ father □ other (specify)_____

Father's name _____ phone_____ email _____
Mother's name _____ phone _____ email _____
Guardian's name_____ phone _____ email _____

Please list all people in child's immediate family:

Name	Relationship to child	Age / Grade	Living in house?

Please list all other *non-family* members who live in household:

Name	Relationship to child/family	How long has lived in household?

Are biological parents of child currently: □ married □ separated □ divorced □ never married
If separated or divorced, who has *legal* custody? □ mother □ father □ other (specify):

_____

If separated or divorced, how do you feel your child has adjusted to the separation/divorce?

_____

_____

_____

_____

Are there other adults who have a *significant* part in raising your child? □Yes □No
If so, please indicate name & relationship (step-parent, grandparent, boy/girlfriend, etc.)_____

Have there been any significant changes in the home over the *last few years*? (Such as new marriages, deaths, births, address changes, family separations/divorce, parent dating, parent job change, money problems, etc)

What do you feel are your child's…

- Strengths
- Weaknesses

Briefly describe your concerns for your child:

II. HEALTH

Describe the state of your child's current health: □ Excellent □ Good □ Fair □ Poor

Is your child currently taking any medication? □Yes □ No
If yes, please list medications and uses:_____

Has your child ever been identified as having a disability? □Yes □ No
If so, by whom, what age, & what disability? _____

Has your child ever received psychological counseling? □Yes □ No
If "yes," by whom (professional/agency) and when: _____

Has your child had any of the following?	Please describe and give details, dates, and/or age onset
□ Serious Illnesses	
□ Head Injuries	
□ Seizures or convulsions	
□ Surgery/Hospitalization	
□ History of Ear Infections	
□ Allergies and/or Asthma	
□ Vision Problems	
□ Hearing Problems	
□ Frequent Nightmares and/or Bedwetting	
□ Other health problem:	

Is there a *family history* for the following problems?	*Biological* family member with the history… (parent, sister/brother, aunt/uncle, grandparent, 1st cousin, etc)
□ Learning Difficulties (reading, math, writing, spelling)	
□ Speech or Language problem (articulation, stuttering, etc.)	
□ Developmental Disorder (such as Autism, Aspergers, etc.)	
□ Emotional Problems (depression, excessive anxiety, mood swings, etc.)	
□ Mental Retardation	
□ School Failure (failing grades, dropout, etc)	
□ Drug or Alcohol Addiction	

III. BEHAVIOR

A. Behavior in Infancy

During you child's first *few years of life*, were any of the following present to *significant* degree?

- □ Did not enjoy cuddling
- □ Was not easily calmed by being held or stroked
- □ Difficult to comfort
- □ Colicky
- □ Excessive irritability
- □ Diminished sleep
- □ Difficult nursing
- □ Poor eye contact/did not turn towards caregivers
- □ Did not respond to name or speech of caregivers
- □ Fascination with certain objects
- □ Constantly into everything
- □ Frequent head banging

If checked any above, please describe_____

_____

_____

_____

_____

_____

B. Child's Early Temperament: (*Toddler through five years of age*)

- ✦ Activity Level – How active has your child been from an early age?_____
- ✦ Distractibility – How well was your child able to maintain focus or concentration, or pay attention to tasks:_____
- ✦ Adaptability - How well was your child able to deal with transition, change, or when denied his/her own way?

  _____
- ✦ Approach/Withdrawal – How well was your child able to respond to new things (i.e., new places, people, food, etc.)?_____
- ✦ Intensity – Whether happy/unhappy, how strong were your child's feelings exhibited? Were others made aware of when your child was upset, angry, disappointed, etc.?_____
- ✦ Mood – What was your child's basic mood? Did he/she exhibit frequent or rapid changes in mood or temperament?_____
- ✦ Regularity – How predictable was your child's patterns of activity level, sleep, appetite, etc?

  _____

Prior to age six, did your child have more difficulty than other children his/her age…

- □ Sitting still at meal time
- □ Paying attention when read to
- □ Throwing a ball
- □ Catching a ball
- □ Buttoning & Zipping
- □ Holding a crayon or pencil
- □ Accidentally dropping things
- □ Staying focused on TV, movies, or video games
- □ Waiting for turn at plan
- □ Knowing left from right
- □ Acting without thinking
- □ Dressing self
- □ Tying shoe laces
- □ Accidentally knocking things over

C. Differential Behaviors

Please check below all behaviors or characteristics that fit your child over the past year:

- □ Destructive behavior
- □ Is affectionate with family and friends
- □ Responds well to authority figures
- □ Boundless energy and poor judgment
- □ Withdrawn and/or sullen
- □ Cruelty to animals
- □ Disorganized, looses things often
- □ Shows sudden outbursts of physical aggression
- □ Frustrated easily
- □ Shifts from one activity to another
- □ Has difficulty playing quietly
- □ Requires a lot of parent attention
- □ Fidgets or squirms in seat
- □ Appears to daydream or "zone out" often
- □ Appears depressed & unhappy much of the time
- □ Explosive temperament
- □ Frequently complains about aches and pains
- □ Appears to have low self-esteem
- □ Prefers to be alone (or considers self "a loner")
- □ Starts fires
- □ Lacks motivation
- □ Steals or lies
- □ Becomes upset with change
- □ Fearfulness
- □ Frequent peer and/or family conflicts
- □ Does not appear to listen to what is being said
- □ Always worrying about something
- □ Nervous habits (nail biting, hair twirling, etc.)

D. Home Behavior:

How often each of the following settings a *problem** for your child?

**Problems* include: doesn't follow directions/rule, needs reminders, arguments/fights, whines/cries, fidgets/squirms, etc.

• While getting ready for school…	□ Rarely	□ Sometimes	□ Frequently
• When eating at the dinner table…	□ Rarely	□ Sometimes	□ Frequently
• When playing by him/herself…	□ Rarely	□ Sometimes	□ Frequently
• When playing with siblings / children in neighborhood…	□ Rarely	□ Sometimes	□ Frequently
• When with a babysitter or at daycare…	□ Rarely	□ Sometimes	□ Frequently
• When in public places(church, store, etc)…	□ Rarely	□ Sometimes	□ Frequently
• When in the car…	□ Rarely	□ Sometimes	□ Frequently
• When told to do something he/she doesn't want to do …	□ Rarely	□ Sometimes	□ Frequently
• During sit-down homework time…	□ Rarely	□ Sometimes	□ Frequently
• When watching TV or playing video games…	□ Rarely	□ Sometimes	□ Frequently

How would you describe your child's personality at home?

_____

_____

_____

How does your child get along with brothers/sisters?

_____

Which adult would your child prefer to talk with about a problem?

_____

Who is the *family member* that your child feels closest?

_____

Who is primarily responsible for discipline at home?

_____

What is the most effective way to deal with your child's behavior problems at home? (spanking, talking, positive reinforcement, time-out, grounding, etc.)

_____

How does your child respond to discipline?

_____

List any responsibilities your child has at home:

_____

Does your child do these regularly? □ Yes □ No Does child need frequent reminders? □Yes □ No

Sleep habits: Bed time? ____:____PM Wake time? ____:____ AM
Does child sleep well? _____

How much time does your child typically spend on electronic media?
Watching TV: _____ hrs/day; Playing video/computer games: _____ hrs/day;
Other_____: _____ hrs/day

Have any family members expressed concerns about your child's behavior? □ Yes □ No
Explain:_____

_____

E. Social Behavior

How would you describe your child's peer relationships and choice of friends? (i.e. How many friends? What age/genders? Is child shy, outgoing, a leader, a follower, etc? Does child associate w/ scholars or troublemakers?)

_____

_____

How does your child interact with children in the neighborhood?

_____

_____

F. Educational History

How does your child feel about school?_____
How motivated do you feel your child is to learn?_____
About how much time does your child spend on homework each night? _____
How much of a struggle is homework? □ Not a struggle □ Sometimes a struggle □ Often a struggle
Does your child receive special school services (IEP, 504 plan, Gifted/Talented)? □ Yes □ No
If yes, which program and when services begin?_____

Below, please list schools attended and describe your child's academic and/or behavioral performance:

Preschool /Daycare_____
Elementary School_____
Middle School_____
High School _____