

*Note: If you have any trouble completing this form, Dr. King can fill it out for you during your first appointment.*

**DEVELOPMENTAL, MEDICAL, SOCIAL, AND FAMILY HISTORY  
and DIAGNOSTIC BEHAVIOR CHECKLIST**

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name of School or Preschool: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Day Care: \_\_\_\_\_ Number of hours per week: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Date form completed: \_\_\_\_\_

What is your relationship to the child?

- biological parent       step-parent       foster parent  
 adoptive parent       grandparent  
 other: \_\_\_\_\_

With whom does the child live (mother, father, both parents, foster or grandparent, etc.)?

List any other adults living in the home and their relationship to the child.

List the names and ages of any other children living in the home and their relationship to the child.

What was the age of the mother when the child was born?

List any medications, drugs, or alcohol used by the mother during pregnancy. Include the length of time and frequency these were used.

Describe any medical problems the mother experienced during pregnancy?

Was the child born on schedule, premature, late?

Was the delivery normal, caesarean?

Did the doctor indicate there were signs the infant was in distress or deprived of oxygen during labor or delivery?

Were there any congenital problems (birth defects) noted by the doctor?

Describe any feeding, sleeping, or health problems the child had as an infant or toddler.

Was the child an easy baby (content, easy to comfort, cuddly) or difficult (cried often, difficult to comfort, rigid body when held)?

Did the child cry, withdraw, or become fearful when exposed to any particular sounds, tastes, touches, smells or sights? If yes, describe. Is this still a problem?

As a toddler, how did the child behave with other people? Was the child more social, less social, or about average?

As a toddler, was the child more active, less active, or about average?

At what age did the child:

sit up: \_\_\_\_\_

crawl: \_\_\_\_\_

walk: \_\_\_\_\_

speaking single words: \_\_\_\_\_

use short (3 or 4 word sentences): \_\_\_\_\_

Are the child's speech and language about average for his or her age? If not, please explain.

Are the child's motor skills (walking, running, jumping, climbing) about average for his or her age? If not, please explain.

By what age was the child toilet trained?

Are there presently any problems with wetting or soiling during the day or night?

Has the child had any chronic health problems, e.g., asthma, allergies, frequent ear infections/ tubes?  
How old was the child when these were problems?

Does the child still have these problems?

Has the child ever had surgery or been hospitalized for any reason? If so, explain.

Have there been any serious accidents or injuries, including head injuries? If so, explain and tell how old the child was when this occurred.

To your knowledge, is there a history of child abuse (physical or sexual), child neglect, or a history of the child witnessing domestic violence? If so, explain.

How does the child get along with other children the same age? For example, does the child avoid others, is he/she easily led, does he/she try to dominate, does he/she become verbally or physically aggressive?

What percent of the time does your child follow your directions or commands the first time you ask?

What motivates your child to follow your directions and do his/her best?

Has the child ever been treated by a counselor, psychologist, or psychiatrist for social, emotional, or behavioral problems in the past? If yes, how old was the child when he or she was treated? What is the name of the person/s who treated the child?

Has the child ever been prescribed medications for social, emotional or behavioral problems in the past? If yes, what medications have been prescribed. What is the name of the doctor who prescribed the medication.

Is your child currently taking any medications for any health or mental health problems? If yes, please list the medications and the name of the doctors who prescribe them.

Please indicate whether there are family members who have a history of social, emotional, or behavioral problems. This would include such things as inattention/hyperactivity or learning disabilities in school, substance abuse problems, depression, anxiety (such as excessive fears/worries, obsessive-compulsive disorder or panic/anxiety attacks), bipolar disorder (also known as manic-depression), or a psychotic disorder such as schizophrenia.

*The child's siblings*

*The child's mother and the mother's family*

*The child's father and the father's family*

### DIAGNOSTIC BEHAVIOR CHECKLIST

If any of the behaviors listed is a problem at the present time, place a check mark on the line.

#### *Oppositional Behavior*

- \_\_\_\_\_ often loses temper
- \_\_\_\_\_ often argues with adults
- \_\_\_\_\_ often refuses to comply with adults' requests or rules
- \_\_\_\_\_ often deliberately annoys people
- \_\_\_\_\_ often blames others for his/her own mistakes or misbehavior
- \_\_\_\_\_ is often touchy or easily annoyed by others
- \_\_\_\_\_ is often angry or resentful
- \_\_\_\_\_ is often spiteful or vindictive

How long have these been problems?

#### *Conduct Problems*

- \_\_\_\_\_ often bullies, threatens, or intimidates others
- \_\_\_\_\_ often starts physical fights
- \_\_\_\_\_ has used a weapon that can cause serious physical harm to others, e.g.  
bat, brick, broken bottle, knife, gun
- \_\_\_\_\_ has been physically cruel to people
- \_\_\_\_\_ has been physically cruel to animals
- \_\_\_\_\_ has stolen while confronting a victim, e.g., mugging, robbery
- \_\_\_\_\_ has forced someone into sexual activity
- \_\_\_\_\_ has deliberately engaged in fire setting
- \_\_\_\_\_ has deliberately destroyed others' property
- \_\_\_\_\_ has broken into someone else's house, building, or car
- \_\_\_\_\_ often lies to obtain goods or favors or to avoid obligations
- \_\_\_\_\_ has stolen items of value without confronting a victim, e.g., shoplifting
- \_\_\_\_\_ often stays out at night despite parental prohibitions
- \_\_\_\_\_ has run away from home overnight at least twice
- \_\_\_\_\_ is often truant from school

How long have these been problems?

*Attention Problems*

- \_\_\_\_\_ often fails to give close attention to details or makes careless mistakes in schoolwork or other activities
- \_\_\_\_\_ often has difficulty sustaining attention in tasks or play activities
- \_\_\_\_\_ often does not seem to listen when spoken to directly
- \_\_\_\_\_ often does not follow through on instructions and fails to finish schoolwork, chores
- \_\_\_\_\_ often has difficulty organizing tasks and activities
- \_\_\_\_\_ often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort like schoolwork or homework
- \_\_\_\_\_ often loses things necessary for tasks or activities, e.g., toys, books, school assignments
- \_\_\_\_\_ is often easily distracted by noises or activities nearby
- \_\_\_\_\_ is often forgetful in daily activities

How long have these been problems?

*Hyperactive or Impulsive Behavior*

- \_\_\_\_\_ often fidgets with hands or feet or squirms in his/her seat
- \_\_\_\_\_ often leaves his/her seat in the classroom or in other situations where remaining seated is expected
- \_\_\_\_\_ often runs around or climbs excessively in situations where that is inappropriate
- \_\_\_\_\_ often has difficulty playing or engaging in activities quietly
- \_\_\_\_\_ is often “on the go” or acts as if “driven by a motor”
- \_\_\_\_\_ often talks excessively
- \_\_\_\_\_ often blurts out answers before questions have been completed
- \_\_\_\_\_ often has difficulty waiting his/her turn
- \_\_\_\_\_ often interrupts or intrudes on others
- \_\_\_\_\_ the above attention problems and/or hyperactive behaviors have existed for at least the past 6 months

How long have these been problems?

*Fear of Specific Things*

\_\_\_\_\_ shows a strong fear that is excessive or unreasonable when in the presence of, or when he/she expects to be in the presence of, a specific object or situation such as (*circle any that apply*) animals, heights, being in the dark, thunderstorms or lightning, flying, receiving an injection (shot), seeing blood, or other things or situations: \_\_\_\_\_

- \_\_\_\_\_ almost always has this fearful reaction when exposed to this thing or situation
- \_\_\_\_\_ attempts to avoid this thing or situation
- \_\_\_\_\_ the attempts to avoid this thing or situation significantly interfere with his/her normal routines, school or social functioning, or social relationships
- \_\_\_\_\_ having this fear causes him/her a high degree of distress
- \_\_\_\_\_ this fearful reaction has been present over a period of at least the past 6 months

How long have these been problems?

*Fear of Social Situations*

- \_\_\_\_\_ shows a strong fear that is excessive or unreasonable in social situations like school, church, or club activities or when expected to speak or perform in public
- \_\_\_\_\_ child fears that he/she will act in a way that will be embarrassing or humiliating or will be so anxious it will be embarrassing
- \_\_\_\_\_ almost always has this fearful reaction when exposed to this social situation
- \_\_\_\_\_ attempts to avoid this social situation
- \_\_\_\_\_ the fearful reaction interferes significantly with his/her normal routine, school or social functioning, or social relationships
- \_\_\_\_\_ having this fear causes the child a high degree of distress
- \_\_\_\_\_ this fearful reaction has been present over a period of at least the past 6 months

If these social fears are present, what specific social situation/s cause your child to be fearful or anxious?

How long have these been problems?

*Separation Anxiety*

- \_\_\_\_\_ has excessive worries when separated from home or from a parent or primary care giver, or when expecting to be separated
- \_\_\_\_\_ has persistent and excessive worries about losing a parent or primary care giver or about possible harm occurring to such a person
- \_\_\_\_\_ has persistent and excessive worries that an unexpected event will lead to him/her becoming separated from a parent or primary care giver
- \_\_\_\_\_ persistent refusal to go to school or other places because of fear of separation
- \_\_\_\_\_ excessive fear of being alone, or being without their parent or care giver at home, or fear of being without a parent or primary care giver in other settings
- \_\_\_\_\_ persistent refusal to go to sleep or to sleep away from home without being near a parent or primary care giver
- \_\_\_\_\_ repeated nightmares about being separated from a parent or primary care giver
- \_\_\_\_\_ repeated complaints of physical symptoms such as headaches, stomach-aches, nausea, or vomiting when separation from a parent or primary care giver is anticipated
- \_\_\_\_\_ these fears have existed for at least 4 weeks

How long have these been problems?

*Generalized Anxiety*

- \_\_\_\_\_ shows excessive anxiety and worry about a number of events or activities such as school performance, extracurricular activities, or work
- \_\_\_\_\_ this anxiety or worry has occurred on more days than not for the last 6 months
- \_\_\_\_\_ if these various anxieties or worries do occur, the child finds it difficult to control the his/her worry

Has the child's anxiety or worry been associated with any of the following behaviors for more days than not over the past 6 months:

- \_\_\_\_\_ restlessness or feeling keyed up or on edge
- \_\_\_\_\_ becoming tired easily
- \_\_\_\_\_ difficulty concentrating or mind going blank
- \_\_\_\_\_ irritability
- \_\_\_\_\_ muscle tension
- \_\_\_\_\_ sleep disturbance, or difficulty falling asleep, staying asleep, or restless and unsatisfying sleep

How long have these been problems?

*Depression*

\_\_\_\_\_ child shows *irritability or depressed mood* most of the day, more days than not, for at least the past 12 months

If yes, does the child show any of the following difficulties:

- \_\_\_\_\_ poor appetite or overeating (which one?)
- \_\_\_\_\_ trouble falling asleep or sleeping too much (which one?)
- \_\_\_\_\_ low energy or is often tired
- \_\_\_\_\_ low self-esteem
- \_\_\_\_\_ poor concentration or trouble making decisions
- \_\_\_\_\_ feelings of hopelessness, feeling that things will not get better

During the past 12 months or more that the child has shown this depressed or irritable mood, has he/she ever been without the depressed mood or the other difficulties checked above for at least 2 consecutive months?

YES    NO

*Major Depression* (more severe symptoms than above)

- \_\_\_\_\_ child shows irritable or depressed mood most of the day nearly every day for at least 2 weeks
- \_\_\_\_\_ child shows a lack of interest or pleasure in all or almost all activities most of the day, nearly every day for at least 2 weeks
- \_\_\_\_\_ there has been a significant weight loss, or a significant decrease in appetite nearly every day
- \_\_\_\_\_ there has been a significant weight gain, or a significant increase in appetite nearly every day
- \_\_\_\_\_ trouble falling asleep or sleeping too much nearly every day (which?)
- \_\_\_\_\_ agitated or excessive movement or restlessness nearly every day
- \_\_\_\_\_ sluggish or slow moving or significantly less movement or activity nearly every day
- \_\_\_\_\_ tiredness or lack of energy nearly every day
- \_\_\_\_\_ feelings of worthlessness or excessive guilt nearly every day
- \_\_\_\_\_ impaired ability to think or concentrate, or trouble making decisions nearly every day
- \_\_\_\_\_ recurrent thoughts of death
- \_\_\_\_\_ recurrent thoughts of suicide
- \_\_\_\_\_ suicide attempt or a specific plan for committing suicide

*Manic/Mood Problems*

Child experiences periods of time where their mood or behavior is different from usual, a period of time where:

- \_\_\_\_\_ his/her mood was unusually and persistently elevated, for example abnormally happy, giddy, or joyous well beyond normal feelings of happiness
- \_\_\_\_\_ his/her mood was unusually expansive, for example the child felt his/her abilities were nearly superhuman and he/she could accomplish anything he/she decided to
- \_\_\_\_\_ his/her mood was abnormally and persistently irritable, for example unusually touchy or cranky, extremely quick to have a tantrum or temper outburst, too easily annoyed by others

Describe what he or she does when this is happening: \_\_\_\_\_

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During the period of time your child was experiencing this abnormal mood, were any of the following things present to an abnormal or significant degree:

- \_\_\_\_\_ inflated or unrealistically high self-esteem
- \_\_\_\_\_ a decreased need for sleep, staying up all night or almost all night, feeling rested and energetic after only a few hours sleep
- \_\_\_\_\_ more talkative than usual or seemed to feel the need to keep talking
- \_\_\_\_\_ skipped from one idea to another and then another in speech, as if his/her ideas were flying rapidly by; or stated that his/her thoughts were racing
- \_\_\_\_\_ was distractible, for example his/her attention was too easily drawn to unimportant things around him/her
- \_\_\_\_\_ showed an increased in goal-directed activity, for example became unusually and persistently productive
- \_\_\_\_\_ seemed very agitated, overly active, or abnormally restless
- \_\_\_\_\_ showed excessive involvement in pleasurable activities that have a high likelihood of negative, harmful, or painful consequences

Describe what he or she does when this is happening: \_\_\_\_\_

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*Supplemental Manic/Mood Checklist*

- \_\_\_\_\_ irritable mood, cranky, short temper, easily frustrated
- \_\_\_\_\_ rapidly changing moods lasting a few hours to a few days
- \_\_\_\_\_ explosive, lengthy and often destructive rages
- \_\_\_\_\_ separation anxiety
- \_\_\_\_\_ social anxiety, extreme shyness, can't feel comfortable among others
- \_\_\_\_\_ episodes of intense anxiety, panic attacks
- \_\_\_\_\_ defiance of authority
- \_\_\_\_\_ hyperactivity
- \_\_\_\_\_ impulsivity (acting without thinking)
- \_\_\_\_\_ daredevil behaviors, seems fearless, takes risks
- \_\_\_\_\_ agitation, restless, quick to anger
- \_\_\_\_\_ distractibility, can't stay focused, can't concentrate
- \_\_\_\_\_ sleeping too little
- \_\_\_\_\_ sleeping too much
- \_\_\_\_\_ bed-wetting
- \_\_\_\_\_ night terrors or nightmares
- \_\_\_\_\_ strong and frequent cravings for carbohydrates and sweets
- \_\_\_\_\_ impaired judgement
- \_\_\_\_\_ racing thoughts and speech, excessive talking
- \_\_\_\_\_ excessive involvement in multiple projects or activities
- \_\_\_\_\_ delusions (odd or excessively magical thoughts or beliefs)
- \_\_\_\_\_ hallucinations (seeing or hearing things that aren't there)
- \_\_\_\_\_ grandiose belief in own abilities that defy logic
- \_\_\_\_\_ inappropriate or precocious sexual behavior
- \_\_\_\_\_ pervasive sadness, crying spells
- \_\_\_\_\_ withdrawal from activities once enjoyed
- \_\_\_\_\_ low energy
- \_\_\_\_\_ thoughts or talk of death or suicide
- \_\_\_\_\_ depression

Other extreme behaviors: \_\_\_\_\_

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*Obsessive-Compulsive Behavior*

\_\_\_\_\_ seems preoccupied or obsessed about a certain topic or topics, can not get his/her mind off certain things or topics; if yes, describe: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ shows unusual behaviors or attitudes about clothing, for example is unusually annoyed by tags, must wear clothes that fit loosely, seam in socks must be lined up straight; if yes, describe: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ shows unusual behaviors or attitudes about others things, describe: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ is excessively concerned about germs, touching things that feel goeey, using objects that others have used or touched, drinking or eating after another person; if yes, describe: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ washes hands or takes baths or showers much more often than necessary

\_\_\_\_\_ is especially neat or tidy, spends time organizing, ordering, or straightening

\_\_\_\_\_ feels compelled to count things like the lines or dots on fabric or wallpaper or feels compelled to spell words

\_\_\_\_\_ during play activities will sort, organize, or line up toys instead of engaging in imaginative play activities

\_\_\_\_\_ is unusually bossy or controlling when playing with peers, to the point that others sometimes do not want to play with them

\_\_\_\_\_ is unusually bossy or controlling with adults, must have their own way or must have things done for them in a certain way

\_\_\_\_\_ becomes very upset when plans change at the last minute or when he/she is required to stop one activity and begin another

\_\_\_\_\_ has very high standards or is perfectionistic about things like art work or school work, frequently erases or starts over; perfectionistic about other things, describe: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ other obsessive thoughts, or compulsive or ritualistic behaviors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pervasive Developmental Problems

- \_\_\_\_\_ prefers solitary activities rather than interacting with groups, has difficulty making outreach to others in social situations, has trouble making friends even though he/she may wish for more friends, is socially immature for his/her age
- \_\_\_\_\_ has an extreme or obsessive interest in certain subjects, wants to talk about these subjects much of the time even though they are of limited interest to others
- \_\_\_\_\_ does not understand sarcasm, interprets others' remarks literally, thinks in concrete terms and has trouble with abstract concepts
- \_\_\_\_\_ avoids eye contact or uses eye contact infrequently, uses few gestures, uses few or inappropriate facial expressions
- \_\_\_\_\_ has difficulty relating to others, shows little interest in what others are talking about, has difficulty understanding the feelings of others
- \_\_\_\_\_ engages in repetitive actions, performing one act or movement over and over; if yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Other*

- \_\_\_\_\_ repetitive, abrupt movements such as jerking a part of the body in a manner that does not seem to be under the child's control
- \_\_\_\_\_ frequently occurring vocal tics or abrupt sounds, noises, or words uttered in a way that does not seem to be under the child's control
- \_\_\_\_\_ seems to have very strange or peculiar ideas or beliefs that other children the same age do not have; if yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_ appears to hear noises or voices or see things that others do not hear or see; if yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

