

Stonebriar Psychiatric Services, P.A.
Child Development Questionnaire

PREGNANCY

1. Duration of pregnancy: full term early by _____ late by _____
2. Did mother smoke during pregnancy? yes no
Number daily: _____
3. Did mother ingest alcohol during pregnancy? yes no
Type and amount: _____
4. Did mother ingest drugs during pregnancy? yes no
Details:

5. Was mother on medications during pregnancy? yes no
Details:

6. Complications:

DELIVERY:

7. Was labor spontaneous induced
8. Duration of labor: _____ hours
9. Delivery was normal breach cesarean
10. premature _____ weeks
11. Birth weight _____ lbs _____ ozs. Length _____ inches
12. Infant days in hospital
13. APGAR scores _____
14. Complications:

MILESTONES

15. Describe motor skill development:

16. Describe language development:

17. Describe social development / attachment:

18. Problems during infancy / early childhood:

ABUSE HISTORY:

19. Has there been any

Type of Abuse	If yes, by whom?	How long did it last?	How old was the child	Was it reported to authorities?
Physical				
Sexual				
Emotional/Verbal				
Abuse/Neglect				

20. Witness of abuse?

- physical
 sexual

Details: _____

21. Perpetrator of abuse:

- physical
 sexual

Details: _____
