



PROGRESSIONS
DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS

PARENT QUESTIONNAIRE

Child's name _____ Birth date _____

Home Address _____

Home Telephone No. _____ Other Daytime No. _____

Name of person filling out this form _____

Relation to child _____ Date _____

I. What are your main concerns about this child and questions you would like answered by this assessment?

II. What have you tried to do in the past to deal with the problem(s)? (behavioral management, tutoring, counseling, etc.)

III. Has this child already had testing / evaluations / IEP? If yes, what were the conclusions? (Please include copies of test reports)

IV. What do you consider to be this child's greatest

a. Strengths:

b. Weaknesses:

SOCIAL HISTORY

Please list who lives at home with this child.

Please list who cares for this child throughout the day (parent / step-parent, family member, sibling, program, etc.)

Number of years in School

Occupation

Marital status

Mother _____

Father _____

Sibling name

Age

School grade

Any school problems

What additional information do you think is important to know about your child?

PRENATAL HISTORY

How was your general health during the pregnancy? _____

How much weight did you gain during the pregnancy? _____ lbs.

How active was the baby? _____

Check which of the following conditions occurred and describe:

Edema (swelling of feet) _____

High blood pressure _____

Fever/Infections _____

Vaginal bleeding _____

Hospitalizations _____

X-rays / medical procedures _____

Emotional distress _____

Trauma / accidents _____

Other (anemia, poor health) _____

List any medications (prescribed or over-the-counter) or injections you received during pregnancy:

Medication	Reason	Amount	Month(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Smoking Alcohol use (beer,wine,hard liquor) Drug use (marijuana,cocaine,meth/speed, heroin etc.)

BIRTH HISTORY

Birth weight: _____ lbs. _____ ozs. Length: _____ APGAR scores _____

Place of birth: _____ Number of days baby in hospital _____

Type of birth: vaginal C-section

Presentation: head breech

Type of anesthesia: gas epidural caudal block

Was your baby: on time early late

By how many days / weeks: _____

Number of hours in labor: _____

Please Check and Explain Below:

Was there anything wrong with the baby before delivery: yes no

After delivery, any difficulty with: breathing cord around neck jaundice
 poor suck / feeding other _____

Did the baby receive special treatments for any problems: yes no

If yes, please check and explain further:

- Bilirubin lights _____
- Evaluation in an intensive care nursery _____
- Oxygen or respirator _____
- Seizures _____
- Infections, sepsis _____
- Heart disease _____
- Positive drug screen, drug withdrawal _____
- Special feedings _____
- Other _____

CHILD HEALTH HISTORY

Please check all of the following which this child has had and explain as necessary in the open space below.

Hospitalizations _____

Surgery _____

Trauma (fractures, serious accidents) _____

Head injury _____ Loss of consciousness: yes no

Seizures / convulsions / fits _____

Meningitis _____

Serious illnesses / infections / high fevers _____

Asthma _____

Allergies _____

Medication allergies _____

Ear infections How many? _____

Hearing / Vision problems _____

Sleep problems (nightmares, sleepwalking) _____

Toileting problems, bed wetting _____

Temper tantrums / aggressive behavior _____

Obsessive-compulsive or unusual behavior _____

Tics or unusual movements _____

Other problems/behaviors _____

Medications (specify type and for treatment of what condition)

Do you have any concerns about this child's eating habits, diet, nutrition, or growth? yes no
Please explain: _____

DEVELOPMENTAL HISTORY

Please check which milestones this child has achieved or can now do. Give the child's approximate age in weeks or months when he / she first could do them. If the child is unable to do a particular activity or you do not remember when, please write "N/A".

In answering the following questions, a baby book, dated photos, and association with various events in your life may be helpful.

- Roll from front to back / back to front _____
- Sit unsupported _____
- Creep or crawl on hands and knees _____
- Walk alone unsupported _____
- Walk up and down stairs _____
- Pedal a tricycle _____ Pedal a bicycle _____
- Reach out for a nearby object _____
- Feed self with fingers _____ Feed self with spoon _____
- Drink from a cup without help _____
- Undress self _____ Dress self _____ Tie shoes _____
- Toilet trained _____
- Babble with sounds like "baba / mama" _____
- Point to specific objects _____ Point to body parts _____
- Understand "no, or stop it" _____
- Say a word with meaning (not just "mama / dada") _____
- Follow a simple command _____
- Put 2 or more words together in a phrase _____

Name a color correctly _____

Speech is clear to family members and strangers _____

FAMILY HISTORY

PREGNANCIES: List each pregnancy and outcome; full term, premature, stillborn, miscarriage.

Year	Type	Male / Female	Health problems
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

BIOLOGIC FAMILY HISTORY

Age	Any health problems
Birth mother _____	

Birth father _____

Please check all of the following which any immediate relatives (grandparents, brother/sister, aunt/uncle) have had and explain as necessary.

Inherited, genetic, chromosomal disorders _____

Birth defects _____

Cerebral palsy / neuromuscular disorders _____

Slow or delayed development _____

Language delays _____

Learning disabilities / dyslexia _____

Hyperactivity / attention deficit disorder (ADHD) _____

Neurologic condition / Epilepsy _____

- Hearing / Vision problems _____
- Thyroid or other hormone disorder _____
- Heart disease, history of sudden cardiac death _____
- Cancer _____
- Alcoholism or drug abuse _____
- Emotional problems / nervous breakdown / depression _____
- History of suicidal behavior _____
- Tics, Tourette's Syndrome _____
- Obsessive-compulsive behavior _____
- Other _____

The SNAP-IV Teacher and Parent Rating Scale
James M. Swanson, Ph.D., University of California, Irvine, CA 92715

Name: _____ Gender: _____ Age: _____ Grade: _____

Ethnicity (circle one which best applies): African-American Asian Caucasian Hispanic Other _____

Completed by: _____ Type of Class: _____ Class size: _____

For each item, check the column which best describes this child:

	Not At All	Just A Little	Quite A Bit	Very Much
1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks	_____	_____	_____	_____
2. Often has difficulty sustaining attention in tasks or play activities	_____	_____	_____	_____
3. Often does not seem to listen when spoken to directly	_____	_____	_____	_____
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties	_____	_____	_____	_____
5. Often has difficulty organizing tasks and activities	_____	_____	_____	_____
6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort	_____	_____	_____	_____
7. Often loses things necessary for activities (e.g., toys, school assignments, pencils, or books)	_____	_____	_____	_____
8. Often is distracted by extraneous stimuli	_____	_____	_____	_____
9. Often is forgetful in daily activities	_____	_____	_____	_____
10. Often has difficulty maintaining alertness, orienting to requests, or executing directions	_____	_____	_____	_____
11. Often fidgets with hands or feet or squirms in seat	_____	_____	_____	_____
12. Often leaves seat in classroom or in other situations in which remaining seated is expected	_____	_____	_____	_____
13. Often runs about or climbs excessively in situations in which it is inappropriate	_____	_____	_____	_____
14. Often has difficulty playing or engaging in leisure activities quietly	_____	_____	_____	_____
15. Often is "on the go" or often acts as if "driven by a motor"	_____	_____	_____	_____
16. Often talks excessively	_____	_____	_____	_____
17. Often blurts out answers before questions have been completed	_____	_____	_____	_____
18. Often has difficulty awaiting turn	_____	_____	_____	_____
19. Often interrupts or intrudes on others (e.g., butts into conversations/games)	_____	_____	_____	_____
20. Often has difficulty sitting still, being quiet, or inhibiting impulses in the classroom or at home	_____	_____	_____	_____
21. Often loses temper	_____	_____	_____	_____
22. Often argues with adults	_____	_____	_____	_____
23. Often actively defies or refuses adult requests or rules	_____	_____	_____	_____
24. Often deliberately does things that annoy other people	_____	_____	_____	_____
25. Often blames others for his or her mistakes or misbehavior	_____	_____	_____	_____
26. Often touchy or easily annoyed by others	_____	_____	_____	_____
27. Often is angry and resentful	_____	_____	_____	_____
28. Often is spiteful or vindictive	_____	_____	_____	_____
29. Often is quarrelsome	_____	_____	_____	_____
30. Often is negative, defiant, disobedient, or hostile toward authority figures	_____	_____	_____	_____
31. Often makes noises (e.g., humming or odd sounds)	_____	_____	_____	_____
32. Often is excitable, impulsive	_____	_____	_____	_____
33. Often cries easily	_____	_____	_____	_____
34. Often is uncooperative	_____	_____	_____	_____
35. Often acts "smart"	_____	_____	_____	_____
36. Often is restless or overactive	_____	_____	_____	_____
37. Often disturbs other children	_____	_____	_____	_____
38. Often changes mood quickly and drastically	_____	_____	_____	_____
39. Often easily frustrated if demand are not met immediately	_____	_____	_____	_____
40. Often teases other children and interferes with their activities	_____	_____	_____	_____

Check the column which best describes this child:

	Not At All	Just A Little	Quite A Bit	Very Much
41. Often is aggressive to other children (e.g., picks fights or bullies)	_____	_____	_____	_____
42. Often is destructive with property of others (e.g., vandalism)	_____	_____	_____	_____
43. Often is deceitful (e.g., steals, lies, forges, copies the work of others, or "cons" others)	_____	_____	_____	_____
44. Often and seriously violates rules (e.g., is truant, runs away, or completely ignores class rules)	_____	_____	_____	_____
45. Has persistent pattern of violating the basic rights of others or major societal norms	_____	_____	_____	_____
46. Has episodes of failure to resist aggressive impulses (to assault others or to destroy property)	_____	_____	_____	_____
47. Has motor or verbal tics (sudden, rapid, recurrent, nonrhythmic motor or verbal activity)	_____	_____	_____	_____
48. Has repetitive motor behavior (e.g., hand waving, body rocking, or picking at skin)	_____	_____	_____	_____
49. Has obsessions (persistent and intrusive inappropriate ideas, thoughts, or impulses)	_____	_____	_____	_____
50. Has compulsions (repetitive behaviors or mental acts to reduce anxiety or distress)	_____	_____	_____	_____
51. Often is restless or seems keyed up or on edge	_____	_____	_____	_____
52. Often is easily fatigued	_____	_____	_____	_____
53. Often has difficulty concentrating (mind goes blank)	_____	_____	_____	_____
54. Often is irritable	_____	_____	_____	_____
55. Often has muscle tension	_____	_____	_____	_____
56. Often has excessive anxiety and worry (e.g., apprehensive expectation)	_____	_____	_____	_____
57. Often has daytime sleepiness (unintended sleeping in inappropriate situations)	_____	_____	_____	_____
58. Often has excessive emotionality and attention-seeking behavior	_____	_____	_____	_____
59. Often has need for undue admiration, grandiose behavior, or lack of empathy	_____	_____	_____	_____
60. Often has instability in relationships with others, reactive mood, and impulsivity	_____	_____	_____	_____
61. Sometimes for at least a week has inflated self esteem or grandiosity	_____	_____	_____	_____
62. Sometimes for at least a week is more talkative than usual or seems pressured to keep talking	_____	_____	_____	_____
63. Sometimes for at least a week has flight of ideas or says that thoughts are racing	_____	_____	_____	_____
64. Sometimes for at least a week has elevated, expansive or euphoric mood	_____	_____	_____	_____
65. Sometimes for at least a week is excessively involved in pleasurable but risky activities	_____	_____	_____	_____
66. Sometimes for at least 2 weeks has depressed mood (sad, hopeless, discouraged)	_____	_____	_____	_____
67. Sometimes for at least 2 weeks has irritable or cranky mood (not just when frustrated)	_____	_____	_____	_____
68. Sometimes for at least 2 weeks has markedly diminished interest or pleasure in most activities	_____	_____	_____	_____
69. Sometimes for at least 2 weeks has psychomotor agitation (even more active than usual)	_____	_____	_____	_____
70. Sometimes for at least 2 weeks has psychomotor retardation (slowed down in most activities)	_____	_____	_____	_____
71. Sometimes for at least 2 weeks is fatigued or has loss of energy	_____	_____	_____	_____
72. Sometimes for at least 2 weeks has feelings of worthlessness or excessive, inappropriate guilt	_____	_____	_____	_____
73. Sometimes for at least 2 weeks has diminished ability to think or concentrate	_____	_____	_____	_____
74. Chronic low self-esteem most of the time for at least a year	_____	_____	_____	_____
75. Chronic poor concentration or difficulty making decisions most of the time for at least a year	_____	_____	_____	_____
76. Chronic feelings of hopelessness most of the time for at least a year	_____	_____	_____	_____
77. Currently is hypervigilant (overly watchful or alert) or has exaggerated startle response	_____	_____	_____	_____
78. Currently is irritable, has anger outbursts, or has difficulty concentrating	_____	_____	_____	_____
79. Currently has an emotional (e.g., nervous, worried, hopeless, tearful) response to stress	_____	_____	_____	_____
80. Currently has a behavioral (e.g., fighting, vandalism, truancy) response to stress	_____	_____	_____	_____
81. Has difficulty getting started on classroom assignments	_____	_____	_____	_____
82. Has difficulty staying on task for an entire classroom period	_____	_____	_____	_____
83. Has problems in completion of work on classroom assignments	_____	_____	_____	_____
84. Has problems in accuracy or neatness of written work in the classroom	_____	_____	_____	_____
85. Has difficulty attending to a group classroom activity or discussion	_____	_____	_____	_____
86. Has difficulty making transitions to the next topic or classroom period	_____	_____	_____	_____
87. Has problems in interactions with peers in the classroom	_____	_____	_____	_____
88. Has problems in interactions with staff (teacher or aide)	_____	_____	_____	_____
89. Has difficulty remaining quiet according to classroom rules	_____	_____	_____	_____
90. Has difficulty staying seated according to classroom rules	_____	_____	_____	_____