

# BACKGROUND QUESTIONNAIRE

## FAMILY DATA

Child's name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Person filling out this form: Mother\_\_\_ Father\_\_\_ Stepmother\_\_\_ Stepfather\_\_\_ Other: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Age: \_\_\_\_\_ Education: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's name: \_\_\_\_\_ Age: \_\_\_\_\_ Education: \_\_\_\_\_ Occupation: \_\_\_\_\_

Stepparent's name: \_\_\_\_\_ Age: \_\_\_\_\_ Education: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital status of parents: \_\_\_\_\_

If parents are separate or divorced, how old was child when the separation occurred? \_\_\_\_\_

List all people living in the same household as the child:

<u>NAME</u>	<u>RELATIONSHIP TO CHILD</u>	<u>AGE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## PRESENTING PROBLEM

Briefly describe the current problem (as seen by parents, school, child): \_\_\_\_\_

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Have there been significant changes or ongoing issues in the child's life, and what are the impacts of these stressors (divorce, financial changes, moves, illness, family conflicts, siblings with disabilities, etc.)?

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## EDUCATIONAL HISTORY

Describe any concerns regarding the child's school performance: \_\_\_\_\_

Is the child in special education classes? Yes\_\_ No\_\_ Does the child have an IEP or 504 plan? Yes\_\_ No\_\_

If yes, starting in what grade? \_\_\_\_\_ Describe current services: \_\_\_\_\_

Has the child been held back in a grade? Yes \_\_ No \_\_ If yes, briefly describe: \_\_\_\_\_

Place a check next to any educational problem that the child currently exhibits:

Difficulty with reading

Problems completing class work

Difficulty with spelling

Problems completing homework

Difficulty with arithmetic

Difficulty with peers

Difficulty with writing

Behavior/conduct problems (describe): \_\_\_\_\_

Poor attendance (describe): \_\_\_\_\_

What subjects does the child enjoy in school? \_\_\_\_\_

What subjects does the child dislike in school? \_\_\_\_\_

What grades does the child generally receive in school? \_\_\_\_\_

Have there been any changes in the child's grades? Yes \_\_ No \_\_ If yes, please describe: \_\_\_\_\_

Check the descriptions that specifically relate to the child:

*Feelings about schoolwork:*

Anxious

Passive

Enthusiastic

Fearful

Eager

Bored

Rebellious

Other (describe): \_\_\_\_\_

*Approach to schoolwork:*

Organized

Industrious

Responsible

Interested

Self-directed

Lacks initiative

Does only what is expected

Sloppy

Disorganized

Doesn't complete assignments

Other (describe): \_\_\_\_\_

*Performance in school:*

Satisfactory

Underachiever

Overachiever

Other (describe): \_\_\_\_\_

## MEDICAL HISTORY

Name of Primary Care Physician/Pediatrician: \_\_\_\_\_

List any physical concerns, surgeries, or major illnesses occurring at the present time or in the past (e.g., high blood pressure, stomachaches, tics, headaches, dizziness, allergies, hearing/visual disabilities, diabetes, head trauma, repeated ear infections, seizures, any type of brain injury):

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Describe any concerns with the child's energy level, sleeping patterns, and eating patterns:

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Does the child have any history of an allergic reaction to medication? Yes \_\_\_ No \_\_\_

Does the child have a history of lead poisoning? Yes \_\_\_ No \_\_\_

## PSYCHIATRIC HISTORY

Has the child had any type of psychological testing, psychiatric evaluation, or counseling: Yes \_\_\_ No \_\_\_

If so, with whom and when: \_\_\_\_\_

List any previous psychiatric diagnoses: \_\_\_\_\_

Is the child currently or has the child ever taken medication for emotional, attention, or behavioral concerns?

Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

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Has the child experienced deaths (family, friends, pets, others)? Yes \_\_\_ No \_\_\_

If yes, at what age? \_\_\_\_\_ Describe the child's reaction: \_\_\_\_\_

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## FAMILY HISTORY

Describe the child's family history (biological relatives) of attention or learning difficulties, anxiety or depression, alcohol or substance issues, family trauma, or other mental health concerns:

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## DEVELOPMENTAL HISTORY

Briefly describe any difficulties in mother's pregnancy and/or birth with the child: \_\_\_\_\_

Did mother smoke during the pregnancy? Yes \_\_\_ No \_\_\_ If yes, how much? \_\_\_\_\_

Did mother drink or use drugs during the pregnancy? Yes \_\_\_ No \_\_\_ If yes, what type and amount? \_\_\_\_\_

Describe any complications during the delivery: \_\_\_\_\_

Length of hospitalization: for mother: \_\_\_\_\_ for child: \_\_\_\_\_

Did mother have any mental, emotional, or stress-related concerns during or after the pregnancy (e.g., medications, depression, conflicts in relationships, etc.)? Yes \_\_\_ No \_\_\_ If yes, please describe: \_\_\_\_\_

### Observed Behavior in Infancy/Toddlerhood (birth through age 2)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Milk allergies | <input type="checkbox"/> Overactive                   | <input type="checkbox"/> Overly sensitive to sounds  |
| <input type="checkbox"/> Constipation   | <input type="checkbox"/> Trouble sleeping             | <input type="checkbox"/> Overly sensitive to touch   |
| <input type="checkbox"/> Colic          | <input type="checkbox"/> Irritable                    | <input type="checkbox"/> Easily frustrated/fussy     |
| <input type="checkbox"/> Not cuddly     | <input type="checkbox"/> Lethargic                    | <input type="checkbox"/> Upset in new situations/shy |
| <input type="checkbox"/> Cried often    | <input type="checkbox"/> Uncomfortable with strangers | <input type="checkbox"/> Friendly                    |
| <input type="checkbox"/> Fussy eater    | <input type="checkbox"/> Slow to explore              | <input type="checkbox"/> Other (describe):           |

Describe delays, difficulties, or abnormalities in developmental milestones (walking, talking, coordination, toilet training, social skills, separation from parents, gross and fine motor skills, academic skills, etc.):

### Observed Behavior as a Preschooler (ages 2-5)

Describe any difficulty at home or in preschool in the following areas:

- |   |   |
|---|---|
| <input type="checkbox"/> Social (getting along with others)   | <input type="checkbox"/> Emotional (getting easily upset or anxious)            |
| <input type="checkbox"/> Physical (having gross- or fine-motor concerns)                            | <input type="checkbox"/> Attention (being able to listen and follow directions) |
| <input type="checkbox"/> Language (understanding and expressing self; learning letters and numbers) | <input type="checkbox"/> Activity (being able to sit still and play)            |
|   | <input type="checkbox"/> Adaptability (adjusting to changes in routine)         |

Describe concerns in more detail: \_\_\_\_\_

## WHAT MAKES YOUR CHILD SPECIAL?

During the initial interview with Dr. Kulman, you will be asked questions about the difficulties that your child is experiencing. In order to put these problems into perspective, Dr. Kulman will also ask you and your child questions about the strengths, interests, and traits that make your child special. This will help us to affirm your child's capabilities during the clinical interview.

Please put a check by each characteristic/trait and by each interest/strength/skill that your child displays. ***Then circle the three characteristics and the three interests that describe your child best.***

### Characteristics/Traits

- adaptability
- affectionate
- assertiveness
- cleanliness
- compassion/supportiveness/kindness
- cooperation
- courtesy
- curiosity
- dependability
- empathy
- friendliness
- honesty
- humor
- independence
- insight
- motivation
- organization
- perseverance/works hard
- respectfulness
- responsibility
- self-reliance
- open-mindedness/accepts criticism

### Interests/Strengths/Skills

- art
- caring for animals
- carpentry-building
- celebrities/popular culture
- collecting things
- computers/electronics
- dance
- drama/theater
- earning money/working
- fashion/style
- history
- individual sports
- mechanics/autos/engines
- music
- nature/outdoors
- news and current events
- politics
- reading
- science
- spirituality
- team sports
- writing

Please provide a few comments that describe what makes your child special or unique to you in any of the areas that you have checked off. This will be helpful in describing genuine strengths and interests of your child during the clinical interview.

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## BEHAVIORS OF CONCERN

Please circle how often each of the following behaviors has been a problem *over the past six months*. Those occurring OFTEN or of special concern may be described on the back of this page.

	<u>Never</u>	<u>Sometimes</u>	<u>Often</u>
1) Makes careless mistakes	N	S	O
2) Has problems following multi-step directions	N	S	O
3) Has difficulty starting/finishing chores or homework	N	S	O
4) Has difficulty with organization; loses things	N	S	O
5) Is easily distracted; has concentration problems; doesn't listen	N	S	O
6) Is forgetful; has problems remembering what he/she has learned	N	S	O
7) Is fidgety/squirmy, talkative, or overly active	N	S	O
8) Acts before thinking; takes risks	N	S	O
9) Has problems with pronouncing words/reading	N	S	O
10) Gets poor grades in school	N	S	O
11) Struggles with math computation (addition, division, etc.)	N	S	O
12) Avoids doing schoolwork/homework; dislikes school	N	S	O
13) Does not understand or responds oddly to verbal directions	N	S	O
14) Gets confused about or makes mistakes with math word problems	N	S	O
15) Struggles with written work	N	S	O
16) Is slow to complete written work, homework, and reading	N	S	O
17) Displays rigidity/inflexibility	N	S	O
18) Has obsessions/compulsions	N	S	O
19) Displays tics/twitching	N	S	O
20) Displays panic attacks, breathing problems, racing heart, sweating, feeling faint	N	S	O
21) Is excessively shy/withdrawn/isolated; is anxious when away from parents	N	S	O
22) Is anxious/nervous; worries	N	S	O
23) Has frequent physical illness; misses school	N	S	O
24) Is often tired; has sleep difficulties; is lethargic	N	S	O
25) Displays sad mood; is depressed	N	S	O
26) Has made suicide threats/attempts	N	S	O
27) Displays eating disturbance; is a very fussy eater	N	S	O
28) Displays frequent mood shifts	N	S	O
29) Loses temper; cannot control emotions	N	S	O
30) Is argumentative/defiant/angry; does not take responsibility	N	S	O
31) Bullies/teases others; has physical conflicts with siblings/peers	N	S	O
32) Steals	N	S	O