



Child and Family Developmental Questionnaire  
Mindful Parenting Group

**CHILD INFORMATION**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Sex \_\_\_\_\_ Ethnicity \_\_\_\_\_ Grade Level \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Siblings (ages, dates of birth) \_\_\_\_\_

**PARENT INFORMATION**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Ethnicity \_\_\_\_\_ Occupation? \_\_\_\_\_ Hours per week? \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Significant medical problems? \_\_\_\_\_

Serious illnesses, accidents, or surgeries in the past? \_\_\_\_\_

**PARENT INFORMATION**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Ethnicity \_\_\_\_\_ Occupation? \_\_\_\_\_ Hours per week? \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Significant medical problems? \_\_\_\_\_

Serious illnesses, accidents, or surgeries in the past? \_\_\_\_\_



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**FAMILY HISTORY**

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

What is the current living situation? \_\_\_\_\_

\_\_\_\_\_

What significant events have your family experienced {moves, separations, deaths}? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL HISTORY OF THE CHILD**

Has baby ever had any serious illnesses, ear infections, allergies, accidents, or operations? \_\_\_\_\_

Please describe and specify baby's age at the time (include any present illnesses) \_\_\_\_\_

\_\_\_\_\_

Pediatrician's name and address \_\_\_\_\_

Phone \_\_\_\_\_ Currently on medication? If yes, what \_\_\_\_\_

Has baby been immunized? Up to date on immunizations? \_\_\_\_\_

Has child ever had psychiatric treatment? If yes, please give details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**HISTORY OF CONCERN**

In your own words, please describe any present difficulties that child is having or that you may be having as parent(s): \_\_\_\_\_

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What methods were used in trying to help with these concerns? \_\_\_\_\_

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**CHILD'S DEVELOPMENTAL HISTORY**

**A. Period during Pregnancy**

Was the child planned? \_\_\_\_\_ Sex preference? \_\_\_\_\_

When was pregnancy discovered? \_\_\_\_\_

How did mother feel about having child? \_\_\_\_\_

Did mother have any medical or emotional problems during pregnancy (for example, diabetes, bedridden, unusual nervousness, depression)? \_\_\_\_\_

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Did mother receive prenatal care? Starting when/how often? \_\_\_\_\_

How did father feel about having child? \_\_\_\_\_ Sex preference? \_\_\_\_\_

Did mother work during pregnancy? \_\_\_\_\_ How long? \_\_\_\_\_



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**B. Details of Labor and Delivery**

Vaginal or C-section birth? \_\_\_\_\_ Where was baby born? \_\_\_\_\_

Any complications in labor or delivery? \_\_\_\_\_

\_\_\_\_\_

Did mother experience any “blues” after baby’s birth? \_\_\_\_\_

\_\_\_\_\_

**C. Postnatal**

Weight of baby at birth \_\_\_\_\_ Was baby full term (9 months)? \_\_\_\_\_

Any complications after your baby was born? (difficulty breathing, low apgar score, jaundice) \_\_\_\_\_

\_\_\_\_\_

Did mother have help at home after delivery? For how long? \_\_\_\_\_

\_\_\_\_\_

During baby’s birth year, was there anything (even if it had nothing to do with baby) that caused mother unhappiness or anxiety or that placed her under great strain? \_\_\_\_\_

\_\_\_\_\_

After baby’s birth, how soon did mother return to work? \_\_\_\_\_

How many hours per week? \_\_\_\_\_

If mother was working, who had primary caretaking responsibility? \_\_\_\_\_

Who currently cares for the child if parents are away? (please include history of caregivers other than parents from birth to the present) \_\_\_\_\_

\_\_\_\_\_

Was child ever separated from both parents? \_\_\_\_\_ One parent? \_\_\_\_\_



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Describe circumstances (reason, child's age at the time, and how long) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What part did father take in baby's care? (diapering, bathing, feeding, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. Feeding**

Breastfed? \_\_\_\_\_ When was child weaned? \_\_\_\_\_

Why did weaning occur at that time? \_\_\_\_\_

Were there any feeding problems? (colic, reflux, allergies) \_\_\_\_\_  
\_\_\_\_\_

Any thumb or pacifier sucking? For how long? \_\_\_\_\_  
\_\_\_\_\_

**E. Sleep Patterns**

Were there any sleeping problems? If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Has child ever slept with parents? Please describe circumstances \_\_\_\_\_  
\_\_\_\_\_

Present sleeping arrangements \_\_\_\_\_



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**F. Motor Development**

Was child ever perceived as too active or too quiet? Please describe \_\_\_\_\_  
\_\_\_\_\_

At what age did your child begin to sit? \_\_\_\_\_

Stand? \_\_\_\_\_

Walk? \_\_\_\_\_

**G. Speech Development**

At what age did child first begin to speak in short (2 or more words) sentences? \_\_\_\_\_

If there have been any of the following speech difficulties, please check:

Does not talk \_\_\_\_\_      Lipping \_\_\_\_\_      Delayed speech \_\_\_\_\_

Repeating syllables \_\_\_\_\_      Mispronounced words \_\_\_\_\_      Stuttering \_\_\_\_\_

Other, please describe: \_\_\_\_\_

Has child ever had speech therapy? \_\_\_\_ With whom? \_\_\_\_\_

**H. Sexual Development**

Has child expressed curiosity about any sexual matters to a parent? \_\_\_\_\_ About what? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has child been given information by a parent in any of the following areas? Please check.

Difference between boys/girl \_\_\_\_\_ How a woman becomes pregnant \_\_\_\_\_

How baby develops and is born \_\_\_\_\_ Intercourse \_\_\_\_\_

**I. Peer Interests**

Does child have trouble making friends? Please describe. \_\_\_\_\_  
\_\_\_\_\_



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Does child make friends mostly with children his or her own age? \_\_\_\_\_ Younger? \_\_\_\_\_ Older? \_\_\_\_\_

\_\_\_\_\_

Describe any special interests? \_\_\_\_\_

**J. Other**

Does child ever cry for extended periods? \_\_\_\_\_ If yes, how do you respond? \_\_\_\_\_

\_\_\_\_\_

How is discipline usually handled with child? \_\_\_\_\_

\_\_\_\_\_

In your own words, please describe any present difficulties that child is having or that you may be having as parent(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What methods were used in trying to help with these problems? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any other questions, concerns, comments or additional information you would like us to know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_