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CHILD HISTORY QUESTIONNAIRE

List each child who is a subject of this disputed custody case: (Make copies of this form if more than one child)

Full name _____

Date of Birth _____ Age _____

City of Birth _____

Hospital or location of birth _____

Doctor or person presiding at birth _____

Prenatal care Yes _____ No _____ Normal Pregnancy? Yes _____ No _____

Complications during pregnancy? If yes, please explain

Complications during delivery? If yes, please explain

Spontaneous vaginal delivery or Caesarian section and if C-Section, why?

DEVELOPMENT

Did your child walk at a normal age? Yes _____ No _____
If no, please explain

Did your child talk at a normal age? Yes _____ No _____
If no, please explain

Has your child been treated or is being treated for a current or chronic health problem? yes _____ no _____
If yes, for what condition and by who?

Has your child received any behavioral/mental health counseling/treatment?
yes _____ no _____
If yes, for what condition and by who?

Is your child on any medications? Yes ___ No ___ If yes, please list the medications and what they are being taken for:

Name of Med	Dosage	Frequency	Reason	Name of Doctor

At what age was your child potty trained and describe any difficulties during the training? _____

Did your child suck their thumb and if so, until what age?

Has your child ever been diagnosed with developmental delays?
Yes _____ No _____ What delays? _____

If yes, have they ever received treatment for those delays? Yes _____ No _____

If yes, please list the following:

Name of Provider	Type of service	Address of Provider	Phone # of provider

1. As an infant, how much did your baby move around? (Activity Level)
_____ A lot ___ very little movement _____ in between

2. Did your baby wiggle constantly during baths or was he/she still? (Activity Level)

3. Did your baby wiggle constantly during diaper changes or was he/she still? (Activity Level)

4. Did your baby wiggle constantly while in bed or was he/she still? (Activity Level)

5. When your child got older, would he/she rather sit quietly for a long time engrossed in some task or did he/she prefer to seek out opportunities for active play? (Activity Level)

6. Can your child sit still for extended periods of time? (Activity Level)

7. Can your child sit through an entire meal without seeking an opportunity to move about? (Activity Level)

8. Must a long car ride be broken up by frequent stops because of his/her restlessness? (Activity Level)

9. As an infant, did your child get into a predictable sleeping and feeding schedule by the time he/she was six weeks old or did he/she vary his/her hunger and sleep patterns from day to day? (Rhythmicity)

10. Does your child get sleepy or hungry at regular and predictable times now or can you never tell when he/she will be hungry? (Rhythmicity)

11. Are his/her bowel movements generally regular or erratic in their pattern? (Rhythmicity)

12. Does he/she have any characteristic routines relating to hunger such as a need to take a snack immediately after school or during the evening?
(Rhythmicity)

13. As an infant, when a new event, new toy, new food, new article of clothing was introduced, how did your infant react? Did he/she fuss, do nothing or like it immediately? (Approach to new situations)

14. As an older child did he/she immediately and easily take to new clothing, new neighborhood children, new school, or a new teacher or did he/she cling, act shy or take a long time to warm up to it? (Approach to new situations)

15. Will he/she try new activities; go easily on new family excursions or does he/she withdraw first before warming up to the plan? (Approach to new situations)

16. When having to switch between two equally familiar foods, clothing, schedules and so forth, how easily did your infant adapt to the change?
(Adaptability)

17. When given a different but not new food or toy, for example, would your infant accept the change with ease or with much fussing? (Adaptability)

18. As an older child, does he/she adjust easily and fit quickly into changed family patterns? (Adaptability)

19. Is he/she willing to go along with other children's preferences or does he/she always insist on pursuing only his/her own interests? (Adaptability)

20. Does he/she let past comforts or frustrations pass or is he/she regularly bringing them up and never quite adjusting to the present? (Adaptability)

21. When your infant was hungry, did he/she let out just a tiny squeak or roar out a scream or make noise somewhere in between? (Intensity of Reaction)

22. When he/she didn't like a food did he/she just quietly turn away and just grimace or did he/she scream loudly in a way as to assault the ears of those around him/her? (Intensity of Reaction)

23. When he/she liked something, did he/she laugh loudly or just quietly smile? (Intensity of Reaction)

24. As an older child, if something pleasant happens, does he tend to be very mildly enthusiastic, average in his/her expression of joy, or yelling and screeching with gleeful ecstasy? (Intensity of Reaction)

25. When he/she is angry, does he/she fuss quietly or bellow with rage? (Intensity of Reaction)

26. When he/ she goes across the room to pick up something, does he/she gently tip toe and pick it up as if it were delicate glass or does he/she come plowing in full force? (Intensity of Reaction)

27. How sensitive was your infant to noises, heat and cold, tastes, textures, light and so forth? Was he/she only mildly responsive to these things or very responsive? (Threshold of Responsiveness)

28. Did he/she quickly look towards a sound? (Threshold of Responsiveness)

29. Did bright lights make him/her blink or cry or did he/she not even notice them? (Threshold of Responsiveness)

30. Did he/she notice changes in a familiar person like new eyeglasses or a new hairdo? (Threshold of Responsiveness)

31. As an older child, does he/she show hypersensitivity to noise, visual stimuli, rough clothing, heat or is he/she not very responsive to such stimuli at all, or is he/she somewhere in between? (Threshold of Responsiveness)

32. When your infant liked or disliked something was it easy to tell? (Quality of Mood)

33. Did he/she generally appear content or did he/she most often appear discontented? (Quality of Mood)

34. Does your child appear mostly joyful and smiling or mostly somber and serious? (Quality of Mood)

35. Do people frequently ask your child why he looks unhappy or do people easily assume that the child is always happy or is your child's mood in the middle, neither mostly happy nor mostly serious? (Quality of Mood)

36. When your baby was sucking a bottle or breast, would he/she stop if he/she heard a slight sound or would he/she continue sucking? (Distractibility)

37. If he/she were hungry or fussy while waiting for a bottle, could he/she easily be diverted by giving her a rattle or by holding her? (Distractibility)

38. Does your child start off to do something and then often get sidetracked by something his/her sibling or parent is doing, by a magazine, a toy, a game or by any number of circumstances that catch his/her eye or ear or on the contrary, once he/she is engaged in an activity, is he/she unaware of what is going on around him/her? (Distractibility)

39. Without any distractions, did your infant stick with some activity for a long time or just briefly? (Distractibility)

40. How long does your child persist in the face of a difficult task, such as difficult schoolwork, a difficult game, puzzle or athletic activity or a difficult challenge, such as learning to ride a bicycle? (Attention Span Persistence)

41. After overcoming the initial difficulty in mastering these activities, how long is your child's attention span for these activities- very long, very short or in between? (Attention Span Persistence)

42. Without any distractions, will your child read a book, work a puzzle, play a game for a long time, only a short time or somewhere in between? (Attention Span Persistence)

43. Was it easy to read your infant's feelings or did you have to guess what your infant was feeling or needing? (Emotionality)

44. Does your child easily share what he/she is feeling either by actions or words or does your child most often keep his/her feelings to himself? (Emotionality)

45. Does your child easily and spontaneously cry or laugh or do you constantly have to ask him/her what they are feeling in order to find out or is your child's emotional expressiveness somewhere in between? (Emotionality)

46. Does your child express a wide range of emotions or are his/ her expressions restricted to very basic and infrequently expressed feelings? (Emotionality)

47. How would you describe the child's current emotional state? (Emotionality)

48. Was your infant enchanted by the sight of a human being or did he/she prefer playing with toys and being alone? (Sociability)

49. Would your infant seek out people over things or did he/she try to avoid people? (Sociability)

50. As a child is he/she clingy or "needy" and dislikes being alone? (Sociability)

51. Can he/she play alone for long periods of time or does he/she need lots of contact with parents, siblings, and friends? (Sociability)

52. When in public, does he/she easily talk to people or does he/she stay by his/herself? (Sociability)

53. How would you describe how your child currently interacts with others socially? (Sociability)

54. Did your infant startle easily to and withdraw from unexpected events? (Fearfulness)

55. Did he/she show clear fear and avoidance responses to seemingly innocuous people, animals, and objects? (Fearfulness)

56. Would a mildly threatening event produce an exaggerated anxiety response? (Fearfulness)

57. As a child, does he/she easily develop phobias and fears or is he/she very "brave" and willing to undertake challenging risks? (Fearfulness)

58. Does he/she easily become anxious from regular life events or does he/she handle them comfortably? (Fearfulness)

59. Does he/she seek out physical thrills (motorcycle riding, roller-coaster riding, high diving, downhill skiing, etc.) or does he/she avoid such activities as "scary"? (Fearfulness)

60. When distressed as an infant, could he/she be easily comforted to relaxation by holding or caressing him/her or would he/she continue to cry in distress in spite of adequate attempts to soothe him/her? (Soothability)

61. Would rocking him/her calm him/her down or were you/other parent left totally frustrated by your inability to help him/her relax? (Soothability)

62. As a child, when frustrated, could he/she be talked down? (Soothability)

63. Would he/she be comforted by a hug or words of reassurance or would nothing help him/her to calm down except time? (Soothability)

64. Did your baby get very fussy if food were smeared on his/her face or his/her diaper was dirty or his/her food tray was disordered? (Fastidiousness)

65. As a child, would he/she get irritable and cranky if his/her blanket was wrinkled or messed up or his room was in disorder or could your child be quite comfortable in a very messy room? (Fastidiousness)

66. Would your child keep all of his/her toys lined up, crayons neatly ordered, all of his/her clothes all hung up in tidy fashion or could your child live in a "pig pen" without complaint? (Fastidiousness)

67. Does your child have rituals that keep order, cleanliness and neatness in his/her life or does he/she function quite well in a very casual style or is it somewhere in between? (Fastidiousness)

68. Did your infant mold and cup to your shoulders when held or did he/she arch and push away when held closely? (Cuddlyness)

69. Would your child relax more easily when being held closely or when held at arm's distance? (Cuddlyness)

70. Does your child like to be snuggled closely or does he/she prefer keeping his/her distance physically? (Cuddlyness)

71. Does your child comfortably give a hug, or does he/she feel very awkward, stiff and uncomfortable in doing so? (Cuddlyness)

72. Was your baby prone to trying out some new physical activity that could be dangerous, or did he/she seem to be more physically cautious? (Risk Taking-Physical)

73. Would your child engage in physical behaviors that alarmed or scared you or could you always trust your child to keep safe? (Risk Taking-Physical)

74. As your child grew, would he/she ask to do thing that would cause you to worry like riding bikes wildly, roller-coasters, racing motorcycles, playing tackle football with older children, climbing very tall trees, jumping off rooftops, skateboarding down steep hills without a helmet, or did your child prefer playing safely in the backyard, avoid rough and tumble games, express worry about the safety of different activities? (Risk Taking-Physical)

75. Was your toddler always asking challenging questions or did he/she seem hesitant to ask about things that might be upsetting? (Risk Taking-Mental)

76. Did your child show much curiosity and like to play really imaginative, wild and unpredictable games or did he/she prefer safe and predictable play activities? (Risk Taking-Mental)

77. Does your child always like to question authority, or does he/she tend to just accept whatever information he/she is given? (Risk Taking-Mental)

78. Does your child dislike ideas that are ordinary, routine or mediocre, preferring those that are unusually and socially provocative or does he/she get scared at ideas that are too far out and always choose ideas that are "safe"? (Risk Taking-Mental)

79. Does your child take social and health risks and act socially bold or does he/she tend to conform to prescribed social rules? (Risk Taking-Mental)

80. Describe your child/children's personality and how they handle things emotionally.

81. Has your child been exposed to any domestic violence including but not limited to: physical abuse, sexual abuse and/or emotional abuse? If your answer is yes to any of these, please explain.

EDUCATIONAL INFORMATION

Is your child old enough to attend school? y _____ n _____

If yes, Name of School: _____

Current grade level _____

Primary teacher's name _____

Phone no. _____

If not in school, what are your plans for education once he/she reaches school age? _____

Has your child ever failed a grade level or been held back? If yes, explain

What are your child's grades in all subjects?

Describe any problems that your child is having at school currently or the previous year:

What are your education expectations for your child?

Do you have goals in mind that you wish him/her to achieve, and if so, please explain?

DAILY SCHEDULE

Time wakes up during the school week? _____

Time wakes up on the weekends? _____

Breakfast? y___ n___

What does this child eat for breakfast?

What time this child has to be at school? _____

Who transports this child to school? _____

What time does this child have lunch at school? _____

Does this child take their lunch or do they buy their lunch at school? _____

What time does this child get out of school? _____

What time does this child get home from school? _____

Does this child participate in any extracurricular activities before/after school?

y___n___

If so, which ones and what time do they start and finish their activities?

When does this child do their homework? _____

Who helps this child with their homework? _____

What time does this child have dinner? _____

What does this child usually eat for dinner? _____

What time does this child start getting ready for bed? _____

Does this child bathe in the morning or at night? _____

What time is bedtime for this child during the week? _____

What time is bedtime for this child on the weekends? _____

How does this child adjust to changes?

How are exchanges of this child handled between you and the other parent?

What activities do you enjoy doing with this child? _____

What are this child's favorite foods? _____

What are this child's least favorite foods? _____

What are this child's eating habits?

What are this child's sleeping patterns?

What are your childcare/after school arrangements for this child?

Describe this child's personality and how they handle things emotionally.

What do you think are this child's;

Strengths:

Weaknesses:

What is this child's relationship with the other parent?

What can you do to be supportive of this child's relationship with the other parent?

Have there been any changes in this child since the separation/divorce/ pending of the social study?

Why should the other parent not have primary custody of the child/children?

STATEMENT OF AUTHENTICITY

I hereby certify all answers on this Child History to be true and correct.

Printed Name: _____

Signature: _____

Date: _____
