Developmental & Motor History Form

Section A: Early Development

This section will ask questions about your child's infancy and preschool development. If you are not sure how to answer a question, give your **best guess.**

1.Were there any **delays** in your child's **motor development** during **infancy or preschool** years?……. **Yes** **No**

At what approximate age (in months) did your child…
1a. **Sit alone?**_____
1b. **Crawl?**_____
1c. **Walk alone?**_____

1d. How sure are you about the ages for sitting, crawling, and walking?
_____(1) **Very sure** that the ages are correct.
_____(2) **Sure** that the ages are within 2 months of the true ages.
_____(3) **Not sure** whether the ages are within 2 months of the true ages.

2. Did your child walk before learning to crawl?…….. **Yes** **No**

3. During infancy or preschool years, was your child ever **evaluated by a professional** because of **motor delays** or other **movement problems**?...**Yes** **No**

3a. If yes, **at what age** was the evaluation done?
(write age in months)_____

Do you remember seeing any of the following problems in your child **during infancy or preschool years?**

4.Tremors or shaking?……... **Yes** **No**
5.Sudden jerking movements of arms or legs?…….. **Yes** **No**
6.Sudden jerking or twisting movements of neck or head?……**Yes** **No**
7.Unusual squirming or snake-like movements in hands or arms?……**Yes** **No**
8.Unusual squirming or snake-like movements in legs or feet?……**Yes** **No**
9.Unusual twitching or squirming movements of the tongue, lips, or face? **Yes** **No**
10.Vocal Tics (such as repetitive grunting or other throat sounds)……**Yes** **No**
11.Motor Tics (such as repetitive brief movements of limbs or face)…….. **Yes** **No**
12.Unusual way of crawling?……**Yes** **No**
13.Frequent walking on tip-toes?……...**Yes** **No**
14.Unusual waddling type of walk?…….. **Yes** **No**
15.Unusually stiff type of walk?…… **Yes** **No**
16.Squirming movements of hands or fingers when running?…….. **Yes** **No**

17.Other unusual way of walking/running?…….. **Yes** **No**
18.Poor muscle tone or "floppy" muscles?……**Yes** **No**
19.Increased muscle tone or unusually "stiff" muscles…… **Yes** **No**
20.Hyperactivity…… **Yes** **No**
21.Underactivity……**Yes** **No**
22.Repetitive rocking or spinning?…… **Yes** **No**
23.Head-banging?…….. **Yes** **No**
24.Other repetitive behaviors such as hand-flapping or head-shaking?…… **Yes** **No**

25. **Describe details** for **any items that were marked "yes"** above, and describe any other unusual **movement or motor** development problems during **infancy or preschool** years:

_____

_____

_____

_____

_____

The next few questions are about **behavior and language development** during the **infant and preschool years:**

26.Was your child unusually sensitive to touch or specific textures?……**Yes** **No**
26a.If yes, describe_____

_____

_____

27.Was your child unusually sensitive to loud noise or other sounds?……. **Yes** **No**
27a.If yes, describe_____

_____

_____

28.Did your child enjoy being held as an infant/preschooler?……**Yes** **No**
28a.If no, describe your child's reaction when held (stiffened up, cried, didn't respond, etc.)

_____

_____

_____

29.Did your child have any speech delay?…… **Yes** **No**

At what age (in months) did your child…
29a.Speak **first words**?_____
29b.Speak first **2-3 word phrases**?_____
29c.Participate in **conversation** using **full sentences**?_____

30.Did your child **stutter**?……. **Yes** **No**
30a.If yes, at what age(s) did your child stutter?_____

_____

30b.Describe any **other speech or language problems** that your child had during **infancy or preschool years:**

_____

_____

_____

Prior to the start of elementary school, did your child have…

31.Occupational therapy?…….. **Yes** **No**
32.Physical therapy?…….. **Yes** **No**
33.Speech or language therapy?…….**Yes** **No**

34.Any other treatment for developmental delays?……... **Yes** **No**
34a.If yes, describe the treatment:

_____

_____

_____

35. Describe any other behavioral or developmental problems that your child had during the infant or preschool years:

_____

_____

_____

_____

36. Did your child take any **medications** on a regular basis during the **infant or preschool** years?……. **Yes** **No**

36a. If so, **list the medication(s)** and the **reason(s)** for taking the medication:

_____

_____

_____

_____

_____

37. **Prior to age 5 years**, did your child take any **medications** that seemed to affect your child's **motor skills, thinking or behavior**?…….**Yes** **No**

37a. If so, list the **medication(s)** and describe the **effect(s)** on your child's **motor skills, thinking, and/or behavior:**

_____

_____

_____

_____

_____

_____

_____

Section B: Childhood & Adolescent Behavior

The remaining questions refer to the **childhood and adolescent** years, from about **age 5 to age 18 years**. If you are not sure how to answer a question, give your **best guess**.

As a school-age child or adolescent, did your child show any of the following? (Circle 'yes' or 'no', and describe behaviors if they were present):

1.Unusual facial expressions?…… **Yes** **No**

2.Excessive sensitivity to criticism?……. **Yes** **No**

3. Vocal Tics (such as repetitive grunting or other throat sounds)…….. **Yes** **No**

4. Motor Tics (such as repetitive brief movements of limbs or face)…….. **Yes** **No**

5. Unusual squirming or snake-like movements of arms, legs, or body…… **Yes** **No**

6.Repetitive behaviors such as hand-flapping, head-banging, or rocking? **Yes** **No**

7.Unusual interests?…… **Yes** **No**

8.Preference for playing alone instead of with others?……. **Yes** **No**

9.Difficulty playing with more than one child at a time?……. **Yes** **No**

10.Preoccupation with his/her own thoughts?…… **Yes** **No**

11.Hyperactivity?…….. **Yes** **No**

12.Underactivity?…….. **Yes** **No**

13.Unusual ways of Playing with toys?…… **Yes** **No**

14.Difficulty controlling emotions?…….. **Yes** **No**

15.Poor Social Skills?…… **Yes** **No**

16.Aggressive Behavior?…….. **Yes** **No**

17. Any other odd or unusual behavior?…… **Yes** **No**

Section C: Child & Adolescent Motor Skills

Rate your child's **childhood (5-12 years)** and **adolescent (13-18 years)** abilities compared to same-aged children. To mark each answer, circle a number from 1 to 5. Make sure to give an answer for each of the two time periods (childhood and adolescence).

Rating Scale:

1	2	3	4	5
Far below average abilities	**Somewhat below average**	**Average**	**Somewhat above average**	**Excellent abilities**

Type of Ability	Childhood (Age 5-12)	Adolescence (Age 13-18)
1. Overall athletic ability:	1 2 3 4 5	1 2 3 4 5
2. Ability to ride a bicycle:	1 2 3 4 5	1 2 3 4 5
3. Ability to run quickly in a race:	1 2 3 4 5	1 2 3 4 5
4. Ability to hit a ball with a bat, paddle, or racket:	1 2 3 4 5	1 2 3 4 5
5. Ability to throw and catch balls:	1 2 3 4 5	1 2 3 4 5
6. Ability to kick a rolling ball:	1 2 3 4 5	1 2 3 4 5
7. Ability to play team sports: (examples: volleyball, baseball, football, soccer, basketball)	1 2 3 4 5	1 2 3 4 5
8. Ability to go up stairs quickly:	1 2 3 4 5	1 2 3 4 5
9. Ability to balance when walking on a balance beam, street curb, fallen log, or other narrow object:	1 2 3 4 5	1 2 3 4 5
10. Ability to keep balance when walking on uneven surfaces, standing on one foot, or hopping:	1 2 3 4 5	1 2 3 4 5
11. Ability to keep from falling to the ground after tripping on something:	1 2 3 4 5	1 2 3 4 5
12. Ability to write neatly:	1 2 3 4 5	1 2 3 4 5
13. Ability to hold a pencil or pen correctly when writing:	1 2 3 4 5	1 2 3 4 5
14. Other fine motor skills: (examples: cutting paper, tying shoelaces or knots, building with small blocks, putting beads on a string, building small models.)	1 2 3 4 5	1 2 3 4 5

15.At what age (in years) did your child learn to ride a bicycle without training wheels?

____(1) Never learned to ride a bike without training wheels.
____(2) 11 years or older.
____(3) 8 to 10 years
____(4) 5 to 7 years
____(5) Before age 5

16.Did your child participate in sports outside of school?……**Yes** **No**
17.Did your child participate in extracurricular sports through the school?..**Yes** **No**
18.Describe school and non-school sports activities and age at participation:
_____

_____

_____

_____

19. Between the ages of 5 and 18 years, was your child clumsy or accident-prone?…….…… **Yes** **No**

20.Between the ages of 5 and 18 years, did your child have physical or occupational therapy?…… **Yes** **No**
20a.If yes, give a description of the therapy, reason for therapy, and the age of your child at the time of therapy:
_____

_____

_____

Section D:
Child & Adolescent Neurological, Emotional, and Cognitive Disorders

Prior to age 18, was your child given any of the following diagnoses? If so, Please give a description or **specific diagnosis** (if not specified in the question) and **age** at diagnosis**.**

1.**Sensory integration** or **sensory-motor integration** disorder?……. **Yes** **No**
Age:
Description or Specific Diagnosis:

2.**Developmental Coordination Disorder**?…… **Yes** **No**
Age:
Description or Specific Diagnosis:

3.**Tourette's Syndrome** or any **Tic disorder**?…… **Yes** **No**
Age:
Description or Specific Diagnosis:

4.Any other **neurological** disorder?…….. **Yes** **No**
Age:
Description or Specific Diagnosis:

5.Any other **medical disorder** that might interfere with **physical** abilities? **Yes** **No**
Age:
Description or Specific Diagnosis:

6.**Attention-Deficit/Hyperactivity Disorder**, ADHD, or ADD?…… **Yes** **No**
Age:
Description or Specific Diagnosis:

7.**Autism**, **Asperger's** disorder, or **pervasive developmental disorder**?…**Yes** **No**
Age:
Description or Specific Diagnosis:

8.**Speech Disorder**?…….. **Yes** **No**
Age:
Description or Specific Diagnosis:

9.Learning disorder in **Communication or Language**?……... **Yes** **No**
Age:
Description or Specific Diagnosis:

10.Learning Disorder in **Math**?…… **Yes** **No**
Age:
Description or Specific Diagnosis:

11.Learning Disorder in **Reading**?……**Yes** **No**
Age:
Description or Specific Diagnosis:

12.**Learning Disorder** in any **other area**?……**Yes** **No**
Age:
Description or Specific Diagnosis:

13.**Mental Retardation**?……... **Yes** **No**
Age:
Description or Specific Diagnosis:

14.**Depression**?…….. **Yes** **No**
Age:
Description or Specific Diagnosis:

15.**Bipolar** Disorder?……**Yes** **No**
Age:
Description or Specific Diagnosis:

16.Any other **mental or psychiatric disorder**?……**Yes** **No**
Age:
Description or Specific Diagnosis:

17. **Between the ages of 5 and 18 years,** did your child take any **medications** on a regular basis?…… **Yes** **No**

17a. If yes, list the **medication name(s), purpose** of medication, and **ages** when the child/adolescent took these medications:

18. **Between the ages of 5 and 18 years**, did your child take any **medications** that seemed to affect your child's **motor skills, thinking, or behavior**?… **Yes** **No**

18a. If so, list the **medication(s)** and the **effect(s)** on your child's **motor skills, thinking, and/or behavior:**

19.Describe anything else that was **unusual** during your child's **childhood or adolescent development**:

20.What is your child's sex?…… Male Female

21.What is your child's current age (in years)?_____

22. Today's Date:_____