

V. **Nutritional History:**

Note whether the infant was breast or bottle-fed and how well it took the first feeding. If the infant has been bottle-fed, determine the type of formula, amounts of components used, and total amount of formula taken in a 24-hour period. Details of the introduction of solid food and the use of vitamins and fluoride are pertinent. Problems with food intolerance or vomiting should be included in this section.

In any child with feeding difficulties or a nutritional problem, the following information should be detailed: the onset of the problem, methods of feeding, types of formula used, reasons for changes, interval between feeding, amount taken per feeding, vomiting, crying, and weight change.

VI. **Growth History:**

The child's growth both in height and weight must be asked for and compared to his siblings or peers at his age. The progression of weight gain is important in developmental assessment. Therefore, ascertain birth weight, weight at 6 months, weight at 1 year, and weight at 2 years, if possible. Any sudden gain or loss of weight should be listed first. The informant should compare the child's general growth with that of his siblings. Ascertainment of the child gain in height is crucial. Clues to height gain, in addition to comparison to age matched children include change in clothing and shoes.

VII. **Developmental History:**

Developmental history should include social, language and motor (both gross and fine) developments. In all instances and in older children with a developmental problem, the dates of the following developmental milestones should be included: followed person with eyes; held head erect; transferred objects; walked with support; spoke first words and sentences; sat alone; smiled responsively; reached for objects; and walked alone. For children two years of age and older, pertinent developmental landmarks should be recorded. For a school-age child, his grade and marks received in school should be ascertained and compared with those of his siblings and peers. However, the developmental history should be age and condition appropriate.

VIII. **Behavior History:**

The informant should supply information as to whether the child is happy or is difficult to manage. The child's response to other children and to new situations, strangers, and school are clues to behavior problems. If the child manifests excessive demands for attention such as nagging, temper tantrums, and excessive crying, these should be recorded. Problems with bowel or bladder training and habits such as thumb sucking and nail-biting are important. The student should discover if the child has nightmares and whether he suffers from pica, particularly for paint or plaster.