

SELECTIVE MUTISM COMPREHENSIVE DIAGNOSTIC QUESTIONNAIRE (SM CDQ)

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BASIC INFORMATION

* Required

If you are a control family, please check here. By control family, we mean a family without a selectively mute child(diagnosed or not). You should have been referred to us by a family with an SM child.

DATE: _____

*CHILD'S NAME:

*CHILD'S AGE: * DATE OF BIRTH: CHILD'S SEX MALE FEMALE

GRADE IN SCHOOL:

PHONE NUMBERS:

*HOME: WORK: CELL: FAX (IF AVAILABLE):

PHARMACY:

E-MAIL ADDRESS (IF AVAILABLE):

*PARENT'S) OR GUARDIAN'S) NAMES (MOM AND DAD):

*ADDRESS:

*City: *State: *ZIP

CONCERNS:

Please describe concerns about your child?

CHARACTERISTICS OF MUTISM:

Has child ever been officially diagnosed as having Selective Mutism (SM)?

If so, when?

By whom? (This is confidential. We will not contact this individual)

Does child speak normally in at least one setting (I.e., at home) but is mute in other settings?

(explain)

Did child all of a sudden become mute?
(explain)

When did you first notice that child was mute in select settings?

Where was the first setting that child was mute? explain)

Does child speak with other children/friends: (Answer Yes or No)

Inside your home? if so, to whom?

Within the classroom? if so, to whom?

On the playground or school grounds? if so, to whom?

At a friends home? if so, to whom?

Does child whisper in school? If so, to whom?

Does child make any sounds at all in school If so, what type of sounds?

Does child speak to any teachers in school? if so, to whom?

Does child speak to any school personnel? if so, to whom?

Does child speak to parents within the school environment with other children/teachers around?

Does child speak to parents within the school environment when no one else is around?

Please summarize who child can and cannot speak to within the school environment in detail:

Does child indicate that he/she WANTS to speak in school and/or other social settings?

Please explain:

Does child talk *normally* when home? (explain)

Describe child's '**personality**' when home and/or comfortable?
I.e.. sense of humor, sensitivity towards others, temperament, etc...

How does child react and interact when guests come over? (explain)

Has child ever been **completely mute** at home?

If so, **when**, and for **how long**? (if known, what were the circumstances that caused mutism?)

Describe **body language** when child is mute?

How does child communicate when mute?

Has child ever said he/she does not like their voice?

If so, explain:

Does child **acknowledge** their mutism?

Why does child say 'they can not talk?' (i.e., Scared or afraid? Words are stuck? Does not know?, Does not want to? etc)

Explain:

When anxious or uncomfortable, does child's tone of voice change or does he/she ever make unusual noises or sounds?

(i.e., make animal sounds, baby talk, make funny noises perhaps when guests come over or in school) If so, explain:

Please summarize when and where child is mute and where child is *NOT* mute:

INTERACTION WITH OTHERS:

How does child react when a stranger speaks to him/her?

How does child react when a familiar adult or child (other than immediate family member) approaches or talks to him/her?

Is child able to speak to anyone outside of immediate family?

if so, explain:

Is child interested in having friends?

Explain:

Describe child's interaction and relationship with other children:

(i.e., Does child play normally and appropriately with other children? Does child have any close friends, if so, how many?)

How does child interact with other adults and children (outside of immediate family)?

Explain:

SCHOOL

Name of school

Public

Private

Is child in a NEW school this year?

Will child be in a NEW school next year?

Has child ever been held back?

If yes, what grade?

Why heldback?

Describe child's **appearance (body language)** and comfort level in the classroom,?

Describe child's **appearance (body language)** and comfort level on the playground or school grounds?

Describe child's **school performance** (academically)

i.e., is child below grade level, on grade level or above grade level?

How does teacher assess child's) academics?

Describe child's interaction and relationship with other children in school:

How does child communicate in school?

I.e., whispering Hand signals? Writing? Drawing? Grunting?, Animal noises? baby talk?

How does child interact with other children during group activities?

Has child ever had any academic testing or psychological testing?

If so, explain type of testing and overall results

Has child ever had IQ test performed?

If so, what is child's IQ?

School's views:

In your opinion, school views child's MUTISM as: Please check off all that apply (more than one can be checked)

This is based on YOUR views, not necessarily of how the school necessary interprets mutism.

Controlling and manipulative Autistic-like behavior Child choosing/refusing to speak

Willful and purposeful Manifestation of ANXIETY Excessive Shyness

Child lacks proper social skills Inability to speak (child would speak if he/she could)

Sign of severe psychological disorder Result of abuse or sever trauma

Explain teacher's) or other school personnel's view on mute behavior
(based on your opinion of what they have conveyed to you)

Is school supportive about mutism and willing to make accommodations?

What is school doing **NOW** to accommodate and help SM child?

Do you feel school should be doing MORE for your child?

If so, please explain:

Does child have 504 plan

Does child have IEP plan

Please explain (if relevant)

Do you have concerns about the school's views and how they are handling your child's anxiety?

(explain)

ANY SCHOOL PROBLEMS/ISSUES OR ADDITIONAL COMMENTS?
(if so, explain)

CHILD'S DEVELOPMENT AND MEDICAL HISTORY:

Describe child's overall health

Does child have any medical conditions NOW or in the PAST?

If so, describe history of illness:

Any surgeries or hospitalizations?

If so, explain

CHILD'S HEIGHT

CHILD'S WEIGHT

Hair color: (blonde, dirty-blonde, light brown, brown, dk brown, black, red,)

eye color (blue, green, hazel, brown, black, etc)

Birth: Full term?

Preterm (weeks)?

Any complications at birth? (explain)

Did child reach developmental milestones on time?

Were there any developmental delays or concerns that your doctor ever made mention of?

Does child have history of ear infections?

If so, what age?

Does child have history of taking antibiotics often?

Does child have allergies (food, medications)?

If so, to what?

Does child have hay fever, eczema or asthma?

If so, what?

Does child take any medications on a regular basis?

If so, what is the name and dosage of the medication?

Was child '**SHY**' as an infant/toddler?

(i.e., clingy? did not go to others easily? Had difficulty separating from Mother or Father? 'Quiet' around others? etc.)

Please explain:

Additional comments about medical/psychological/developmental history?

Nighttime:

Does child have difficulty with 'going to bed' or nighttime?

If yes, answer the following, if no, skip to next section (Bowels/Bladder)

Does child resist going to bed?

Does child demand specific bedtime routines? (i.e., bedtime, morning routines, etc.)

If so, explain

Do you have a routine that is followed most evenings?

Check all that apply:

Wets bed? Sleeping Problems? Nightmares?

Frequent night awakenings? Difficulty falling asleep? Early morning awakening?

Frequently comes into your room during the night ?

Please elaborate if need be:

Bowel/Bladder:

When was child toilet trained? BOWELS URINE

Was toilet training a difficult process?

If so, explain:

Does child have any '***bathroom issues?***'

'bathroom issues' can mean either '*refusing/resisting to 'go,' OR having accidents.*

If yes to 'bathroom issues,' answer the following, if no, skip to next section (EATING)

Does child have 'bathroom issues' at home?

Does child have 'bathroom issues' at school or public places?

Does child have 'bathroom issues' at friends houses?

Has child ever had 'bathroom issues' in the past?

If answered **yes** to any of the above questions, please explain:

Eating

Does child have 'eating issues' at home or in public places?

'Eating Issues' can mean 'extremely picky eater' or *refuses to eat* in certain locations, etc

If yes, answer the following, if no, skip to next section (Co-existing disorders)

Does child have 'eating issues' at home?

if so, explain:

Does child have 'eating issues' at school or other public places?

If yes, explain

Is child a picky eater? (i.e. only likes certain foods, avoids certain foods)

If yes, explain:

Co-existing disorders:

Has child ever been diagnosed with: (check all that apply)

- Learning disability Autism Asperger's syndrome Anxiety
ADHD Oppositional Defiant Disorder Mental retardation Mentally Gifted
Sensory Integration disorder (DSI) conduct disorder Depression bipolar disorder

IF yes to any of above (or child has another disorder that is not listed) please explain:

SPEECH/LANGUAGE:

When did child begin to talk?

Did speaking progress at a normal rate?

Does child have speech impediment?

If yes, explain

Has child ever seen Speech and Language specialist?

Does child ever been diagnosed with a speech and language disorder?

If so, Explain

Does child receive speech and language therapy?

If so, explain therapist's treatment approach

(i.e., what is therapists philosophy of SM? What kinds of tactics are being done?)

Does child seem to 'understand' you when you speak to him/her?

Does child seem to 'ignore' you when you talk?

Does child seem to 'respond slowly' or 'hesitates with answers' when speaking or answering your questions:

at home?

In school or other public settings?

If yes, explain

Does child have any 'hearing problems'?

If so, explain:

Has child ever had any 'mouth injuries' or 'mouth trauma?'

If so, explain: (i.e., was speech ever affected)

SENSORY INTEGRATION:

Please check all that apply:

- Child insists that labels and/or tags be cut out of most clothing
- Child overly sensitive to "feel" of fabric
- Overly sensitive to hair brushing/washing
- Dislikes hugging, hand holding or being touched
- Dislikes anything around the neck or waist such as a shirt collar or jewelry
- Dislikes anything around the waste (button pants) and/or neck (jewelry, collars).
- Sensitive to wearing 'socks'
- Dislikes certain textures or temperatures of food or very picky eater
- Overly sensitive to sounds (child may cover ears and pull away from most noises)
- Under sensitive to sound. (craves a lot of multiple sound stimuli)
- Overly sensitive to lights (child covers their eyes and may not be able to tolerate bright lights or flashing lights)
- Under sensitive to lights (craves bright lights and flashing lights)
- Under-reactive to sensory stimulation: (child craves spinning, jumping, moving constantly)
- Unusually high activity level
- Unusually low activity level
- Seems lazy, bored, or unmotivated
- Coordination problems; may seem clumsy or careless
- Delays in motor skills
- Overly sensitive to smells
- Overly sensitive to crowds (avoids malls, crowded places)

If necessary, explain any or all answers above:

ANXIETY

Has child ever been exposed to a traumatic or 'very stressful event?'

If so, explain

Does child have Separation anxiety NOW or as a young child?

If so, explain:

Does child look obviously anxious at times? (i.e., when in school or public settings)

If so, explain:

Does child have physical complaints when anxious or scared before school or other social settings?

(i.e., tummy aches, headaches, nausea, difficulty breathing, muscle or joint pains, vomiting, diarrhea , dizziness, heart pounding)

If so, explain:

Does child worry frequently? If so, about what?

Does child have 'out of the ordinary' fears or worries about anything in particular?

If yes, explain?

Does child repeat sayings? Continuously count objects? Wash hands frequently?

Check/recheck things in the house? hoard objects?

If yes to above, explain?

Does child have an unusual twitch (i.e., eye blinking, facial twitch, arm/ leg twitch)?

Does child 'flap arms' when anxious or excited? Does child fixate/obsess on peculiar objects or ideas?

Does child have 'unusual interests' or obsessions?

If yes to any of above, explain:

FAMILY INFORMATION

Child's **Race** (ie,Caucasian,African American, Hispanic, Asian, etc)

Is child **Adopted**?

If adopted, answer the following questions, if not, skip to next section of questions (bilingual / multi-lingual)

How old was child when you adopted him/her?

Where was child adopted from? (ie,country)?

Is child of another race from parents?

Was child ever in an *orphanage*?

If so, explain orphanage conditions:

What do you know about child's birth parents? (medical/psychological issues)

Was birth mother under excessive 'stress' when pregnant? (if don't know, leave blank)

Please explain adoptive process or circumstances, if need be:

Was child born in the same country he/she is living in now?

If not, when did family move to this country?

Was child exposed to 'another language' during first four years of life?

If so, explain

Bilingual/Multilingual (speaks two or more than one language)

Are parents or SM child **Bi-lingual multi-lingual** ?

If yes, answer the following questions. If not, skip to next section of questions (parents)

What languages are spoken at home?

Does child speak more than one language?

If so, what language is predominantly spoken at home?

What language is predominantly spoken in school?

When child first went to school, how comfortable was child with 'other' language that was being spoken in school?

Please explain

Was child's entrance into school the first time mutism was evident?

Is child able to speak to others (other than immediate family) who speak the language the child is the most comfortable with?

Please explain:

PARENTS:

Marital Status:

Does child live with both parents?

Explain if necessary:

PARENTS OR GUARDIANS:

Mother: Mother's age? Profession?

Does mother have any medical/psychological conditions?

If so, What?

Was Mother shy as a child?

Was Mother mute as a child? If so, until what age?

Does Mother have anxiety(i.e., social anxiety, panic, OCD, Generalized anxiety, Tics, etc)

Please Explain

Does Mother take medication for anxiety?

if so, what?

Does Mother have depression or history of depression?

Explain any of above if necessary:

Father: Father's age? Profession?

Does Father have any medical/psychological conditions?

If so, What?

Was Father shy as a child?

Was Father mute as a child? If so, until what age?

Does Father have anxiety (i.e., social anxiety, panic, OCD, Generalized anxiety, Tics, etc)

Please Explain:

Does Father take medication for anxiety?
if so, what?

Does Father have depression or history of depression?
Explain any of above if necessary:

SIBLINGS:

Brothers and sisters (names and ages?)

Siblings with medical/psychological disorders (i.e., SM, other anxieties, depression, ADHD,

RELATIVES:

* REMEMBER TO CONSIDER GRANDPARENTS (MATERNAL OR PATERNAL), AUNTS, UNCLES, COUSINS)

Please list which relative has the following disorders (please mention if this is on Mother/Father's side of the family)

ANXIETY/DEPRESSION

SOCIAL PHOBIA?

PANIC?

OCD?

TICS?

AGORAPHOBIA?

GENERALIZED ANXIETY?

DEPRESSION (BIPOLAR OR MANIC DEPRESSION)?

OTHER?

HOME LIFE

Describe family life at home: (i.e., calm, stressful, arguing, fighting)

Has there been any traumatic or 'upsetting' events in child's life?

Any major stressors for child ? (i.e., DEATHS, MOVING, DIVORCES, FAMILY PROBLEMS, ILLNESSES WITHIN FAMILY?)

Is there any additional information regarding life at home that you would like to add?

Does child have difficult behaviors at home (i.e., stubborn, inflexible, crying spells, procrastinating, etc)

Please describe:

About child's personality and interests:

Describe child's **behavior** and **personality** inside of home with immediate family:

Describe child's **behavior** and **personality** outside of home, i.e., in public places:

What does child enjoy doing?

What is child's least favorite thing's) to do?

What makes child HAPPY?

What makes child SAD?

Hobbies/interests?

What after school or weekend activities does child participate in?

Favorite sport or activity?

IS CHILD ARTISTIC? IS CHILD MUSICAL?

Does child 'excel' in any one particular area?

if so, what?

Is child 'imaginative' or enjoys playing make-believe?

Please explain:

ON A SCALE OF 1-10 (10 BEING THE MOST) PLEASE RATE THE FOLLOWING: (IF UNABLE TO ASSESS, PLEASE LEAVE BLANK)

- STUBBORNNESS
- 'CRYING SPELLS' IF CHILD DOESN'T GET his/her WAY
- BEHAVIOR UNPREDICTABLE AT TIMES
- GETS *UPSET* EASILY
- PROCRASTINATES
- DISTRACTIBLE
- AGGRESSIVE
- MOODY

- UNCOOPERATIVE, IF CHILD DOES NOT GET HIS/HER WAY
- INFLEXIBLE (UNWILLING TO CHANGE ROUTINES)
- ABILITY TO ADJUST TO NEW ROUTINES
- WILLING TO TRY NEW THINGS
- WILLING TO GO TO NEW PLACES (alone, without parents)
- SENSITIVE TO LOUD NOISE
- SENSITIVE TO LIGHTS
- SENSITIVE TO LARGE CROWDS
- FOOD SENSITIVITY (I.E. DISLIKES CERTAIN FOOD TEXTURES)
- PICKY EATER
- SENSITIVE TO HAIR-BRUSHING
- SENSITIVE TO CLOTHES (i.e., tags on shirts, socks, prefers certain materials/fabrics, etc.)
- ASSERTIVE
- IMPULSIVE
- ORDERLY or organized WITH STUFF/TOYS
- EXPRESSES EMOTIONS (TALKS ABOUT FEELINGS)
- AFFECTIONATE
- SENSITIVE TO OTHERS' FEELINGS
- LISTENS TO YOU WHEN YOU SPEAK
- GOOD SELF IMAGE
- ABILITY TO GET ALONG WITH OTHERS

- VALUES PHYSICAL APPEARANCE (pays attention to proper self-care necessities, bathing, brushing hair, etc)
- INDEPENDENT
- INTENSE ABOUT BELIEFS OR FEELINGS
- DISRUPTIVE
- SNEAKY
- SMILES at home
- SMILES out in public
- SHYNESS
- ENJOYS BEING WITH FRIENDS
- SEEMS UPSET BY NOT BEING ABLE TO SPEAK
- WANTS TO SPEAK
- ENJOYS PLAYING ALONE
- ENJOYS PLAYING IN GROUPS
- ARTISTIC
- MUSICAL
- THINKS HE/SHE IS SMART
- ENJOYS MATH OR NUMBERS
- ENJOYS READING OR BOOKS
- CONCENTRATES WELL
- DAYDREAMS
- STAYS FOCUSED

SEEMS TO ENJOY LIFE

THINKS ABSTRACTLY

HYPER

DISORGANIZED

WORRIES EXCESSIVELY

SEEMS SAD

LIKES SELF

TALKS BAD ABOUT SELF

NERVOUS

PREOCCUPIED WITH CLEANLINESS

PREOCCUPIED WITH ORDER OR COUNTING

ELABORATE ON ABOVE IF NECESSARY



PROFESSIONALS INVOLVED WITH CHILD

Please list any treating physicians/therapists:

Name, Address and Phone Number for each category. (This is confidential)



Has a psychologist, social worker, counselor, etc ever seen child for Mutism?

If so, please describe results of evaluation:

If child is currently being seen for Mutism, Please describe (in detail) types of THERAPY being done for child

(list who is performing this therapy)

Was medication ever prescribed for SM?

If so, what medications and dosages

(mention starting dosages for all and end dosages of child was removed)

if child was taken off medication, please describe why:

Is child still on medication for SM?

Describe child's progress with therapy/medication?

Describe your concerns with present therapy: