Sinéad O'Toole: Neuro-Developmental Therapy Inishowen

INPP Child Screening Questionnaire

* Indicates required question

1. Email *

2. Your name: *

3. Your email *

4. Your phone number:

5. Your address

6. Your child's name

7. Your child's details:

_____

_____

_____

_____

_____

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Questionnaire

Research (published in The British Journal of Occupational Therapy, October 1998) has shown that a score of 7 or more 'yes' answers on the questionnaire below indicates that further investigation for underlying neuro-developmental delay is advised for children over 7 years of age.

8. Is there any history of learning difficulties in your immediate family?

Mark only one oval.

- Yes
- No

9. Were there any medical problems during the pregnancy?

Mark only one oval.

- Yes
- No

10. Was the birth process unusual or prolonged in any way? E.g. Caesarean Section, Forceps, etc

Mark only one oval.

- Yes
- No

11. Was your child born early or late for term (more than 2 weeks early or more than 10 days late)?

Mark only one oval.

- Yes
- No

12. Was your child's birth weight below 5lbs (pounds)?

Mark only one oval.

- Yes
- No

13. Did your child have any difficulty feeding in the first weeks of life, or in keeping food down?

Mark only one oval.

- Yes
- No

14. Was your child extremely demanding in the first 6 months of life?

Mark only one oval.

- Yes
- No

15. Did your child miss out the 'motor stage' of crawling on his or her tummy and creeping on hands and knees?

Mark only one oval.

- Yes
- No

16. Was your child late at learning to walk (16 months or later would be considered late)?

Mark only one oval.

- Yes
- No

17. Was your child late at learning to talk (2-3 word phrases at 18 months or later would be considered late)?

Mark only one oval.

- Yes
- No

18. Did your child have difficulty in learning to dress himself or herself, for example, do up buttons or tie shoelaces beyond the age of 6-7 years?

Mark only one oval.

- Yes
- No

19. Does your child suffer from allergies?

Mark only one oval.

- Yes
- No

20. Did your child have an adverse reaction to any of his or her vaccinations?

Mark only one oval.

- Yes
- No

21. Did your child suck his or her thumb beyond the age of 5 years?

Mark only one oval.

- Yes
- No

22. Did your child continue to wet the bed, albeit occasionally, above the age of 5 years?

Mark only one oval.

- Yes
- No

23. Does your child suffer from travel sickness?

Mark only one oval.

- Yes
- No

24. Did your child find it very difficult to learn to tell the time from a traditional (as opposed to digital) clock?

Mark only one oval.

- Yes
- No

25. Did your child have an unusual degree of difficulty learning to ride a bicycle?

Mark only one oval.

- Yes
- No

26. Did your child suffer from frequent ear, nose, throat or chest infections at any time in development?

Mark only one oval.

- Yes
- No

27. In the first 3 years of life, did your child suffer from any illnesses involving extremely high temperatures, delirium or convulsion?

Mark only one oval.

- Yes
- No

28. Does your child have difficulty catching a ball, doing forward rolls/somersaults and stand out as 'awkward' in PE classes?

Mark only one oval.

- Yes
- No

29. Does your child have difficulty sitting still for even a short period of time?

Mark only one oval.

- Yes
- No

30. If there is a sudden unexpected noise, does your child over-react?

Mark only one oval.

- Yes
- No

31. Does your child have reading difficulties?

Mark only one oval.

- Yes
- No

32. Does your child have writing difficulties?

Mark only one oval.

- Yes
- No

33. Does your child have copying difficulties?

Mark only one oval.

- Yes
- No

34. Has your child had a diagnosis?

Mark only one oval.

- Yes
- No

35. If your child has a diagnosis, what was it, when was it given and by whom?

36. Please add any additional information that you think may be relevant regarding the possible diagnosis of your child, including any previous diagnosis information:

Google Forms