



INPP INTERVENTION

Child Screening 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.

- Is there any history of learning difficulties in your immediate family? Yes No
- Were there any medical problems during the pregnancy? Yes No
- Was the birth process unusual or prolonged in any way? E.g. CS, Forceps, etc. Yes No
- Was your child born early or late for term (more than 2 weeks early or more than 10 days late)? Yes No
- Was your child's birth weight below 5lbs (pounds)? Yes No
- Did your child have any difficulty feeding in the first weeks of life, or in keeping food down? Yes No
- Was your child extremely demanding in the first 6 months of life? Yes No
- Did your child miss out the 'motor stage' of crawling on his or her tummy and creeping on hands and knees? Yes No
- Was your child late at learning to walk (16 months or later would be considered late)? Yes No
- Was your child late at learning to talk (2-3 word phrases at 18 months or later would be considered late)? Yes No
- 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? Yes No

- Does your child suffer from allergies? Yes No
- Did your child have an adverse reaction to any of his or her vaccinations? Yes No
- Did your child suck his or her thumb beyond the age of 5 years? Yes No
- Did your child continue to wet the bed, albeit occasionally, above the age of 5 years? Yes No
- Does your child suffer from travel sickness? Yes No
- Did your child find it very difficult to learn to tell the time from a traditional (as opposed to digital) clock
? Yes No
- Did your child have an unusual degree of difficulty learning to ride a bicycle? Yes No
- Did your child suffer from frequent ear, nose, throat or chest infections at any time in development?
 Yes No
- In the first 3 years of life, did your child suffer from any illnesses involving extremely high temperatures,
delirium or convulsion? Yes No
- Does your child have difficulty catching a ball, doing forward rolls/somersaults and stand out as
'awkward' in PE classes? Yes No
- Does your child have difficulty sitting still for even a short period of time? Yes No
- If there is a sudden unexpected noise, does your child over-react? Yes No
- Does your child have reading difficulties? Yes No
- Does your child have writing difficulties? Yes No
- Does your child have copying difficulties? Yes No
- Has your child had a diagnosis? Yes No

Please enter below any additional information that you think may be relevant regarding the possible diagnosis of your child, including any previous diagnosis info:

Enter the following details, save this file and email it to beate@hybinette.com.

Your Details

Your Name:

Email Address:

Your Phone Number:

Your Address

Address Line 1:

Address Line 2:

Town:

County:

Post Code:

Your Child's Details

Child's Name:

Child's Date of Birth: