

HISTORICAL QUESTIONNAIRE

NAME: _____

DATE: _____

ADDRESS: _____

TEL: _____

D.O.B _____

1. While pregnant were there any medical problems –bleeding, toxæmia, rubella, blood pressure, toxomoplasmosis, (X-Ray), nausea, any medication, threat of miscarriage, excessive ultra scan?
2. Did you smoke or drink whilst pregnant?
3. During early pregnancy, did you have bad colds, viral infections, any excess stress around 6 months?
4. Was your child premature or late, and if so by how much?
5. Was your baby small at birth? (below 5lb)?
6. Was labour induced?
7. Caesarean Section?
8. Any complications at birth?
9. Any foetal distress/heart failure/incubation?
10. How long was labour?
11. As a newborn were there any difficulties with feeding?
12. Any problems with sleeping or was your baby always on the go?
13. Does your child suffer from allergies/asthma/eczema/migraine/thrush?
Is this being treated? Is your child taking any medication?
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14. Was your child slow at learning to walk?
15. Did your child go through the creeping/crawling stage?
16. Was your child a ‘bottom shuffler’?
17. Did your child have difficulty with fine motor skills, i.e. buttons, zips, shoelaces?

18. Any problems at play school?
19. At the pre-school stage did your child:
- Have difficulty in learning colours?
 - Refer to know objects as thingy, whatsit, etc?
 - Confuse directional words e.g. up/down, in/out?
 - Show excessive tripping, bumping, falling over nothing?
 - Show enhanced creativity, a good sense of colour?
 - Have obvious good or bad days, for no apparent reason?
 - Have an aptitude for constructional or technical toys?
 - Have difficulty with 'sequence'?
 - Learn to speak clearly later than expected?
 - Jumble phrases or mislabel objects?
 - Use substitute words or 'near misses'?
 - Have a lisp?
 - Have difficulty in learning nursery rhymes?
 - Have difficulty with rhyming words and 'odd one out'?
20. Any indication of thumb sucking?
21. Any stuttering/articulation problems or need for a speech therapist?
22. Any stuttering, left-handedness or spelling difficulty in close family?
23. As a young child did your child have problems with adenoids, nose or throat infections, frequent colds, sinus trouble?
24. Is there a history of ear infections/hearing loss/glue ear?
At what age did the problem start? Which ear?
25. Have grommets been fitted?
26. Are there any difficulties in telling the difference between left and right?
27. Does your child

Not pay attention or listen to instructions 50% or more of the time?

Require instructions to be repeated?

Say 'huh', 'what' or 'pardon' at least five times a day?

Find it difficult to attend to auditory stimuli for more than a few seconds?

Have a short attention span? Indicate time limit.

Lack motivation to learn?

Daydream, does attention drift, seem not with it at times?

Find he/she is easily distracted by background noises?

Have difficulty with auditory discrimination, confusing similar sounding words or consonants, frequently asking for repetition?

Forget what was said in a few minutes? Display problems recalling what was heard a few hours ago, yesterday, or last week?

Find it difficult to remember routine things from day to day?

Experience difficulty following auditory instructions, being able to follow only one or at most two instructions in a sequence?

Frequently misunderstand what is said?

Have a limited vocabulary for age?

Display a slow or delayed response to verbal stimuli?

Seem oversensitive to certain sounds?

Have a voice quality which is flat and monotonous?

Have speech that lacks fluency, rhythm, is hesitant?

Often interrupt conversations and seem unsure of where to join in?

Sing out of tune and have a poor sense of rhythm?

Dislike listening to music through headphones?

Get confused if two or more people are talking at the same time?

28. Were or are there any difficulties in learning to read?

29. Any difficulties in learning to write?

30. Does your child have mood swings?

Are they linked to food, chemical or room in the house?

31. Does your child seem overly excitable or overly sleepy all the time?

32. Does your child drink excessively?

33. Does your child have:

Nutmeg grater skin

Dull hair

White marks in nails

Frequent headaches

Pale, colourless skin

Shadows under the eyes

34. Does your child crave any particular food?

35. Any problems with reading, do the eyes itch or get sore?

36. Does your child seem to dislike reading in bright light?

37. Do letters seem to move or swim around?

38. Does your child lean close to work when writing and if so, which side is closest to the page?

39. Do letters or words get missed out when reading?

40. Does your child have difficulty catching and hitting a ball?

Please use this space to note down any other relevant details about your child: