



Questionnaire for pregnancy, childbirth, child development and the current situation

1.	Did you have health or personal problems during pregnancy?	yes	no
2.	Did you have a long duration of bed-rest during pregnancy?	yes	no
3.	Were there any difficulties during the birth (forceps used, ventouse, umbilical cord around the baby's neck)?	yes	no
4.	Was your child born prematurely?	yes	no
5.	Did you have an emergency C-section?	yes	no
6.	Did you have an elective C section?	yes	no
7.	Was your labor unusually long or short?	yes	no
8.	Were there any labor inducing or contraction inhibiting actions during your baby's birth?	yes	no
9.	Was your baby born breech?	yes	no
10.	Did your child lie on his/her back alot in the first few months?	yes	no
11.	Does your child often stand with his/her feet turned in?	yes	no
12.	Is your child overly sensitive to noise?	yes	no
13.	Is your child overly sensitive to light or brightness?	yes	no
14.	Is your child overly sensitive to physical contact?	yes	no
15.	Is your child more anxious than normal?	yes	no
16.	Does your child suffer separation anxiety?	yes	no
17.	Does your child struggle with spelling tests?	yes	no
18.	Is your child afraid of going to school (abdominal pain, anxiety, etc.)	yes	no
19.	Does your child suffer with neck pain?	yes	no
20.	Is it hard for your child to clench his/her fist?	yes	no
21.	Does your child hold a pencil with a cramped hand?	yes	no
22.	When writing or painting, does your child make mouth movements or bite his/her teeth?	yes	no
23.	Does your child squeeze a pen hard while writing?	yes	no
24.	Does your child have little desire to write, or does your child fatigue quickly when writing?	yes	no
25.	If your child lies on his/her stomach and supports himself/herself with the forearms, raises his/her upper body and head, does he/she have clenched fists or open hands?	yes	no



26.	Does your child speak rather indistinctly?	yes	no
27.	Does your child tend to walk on tiptoes?	yes	no
28.	Does your child consistently roll his/her toes under?	yes	no
29.	Does your child put on his/her socks and shoes in an awkward manner?	yes	no
30.	While sitting at the table, does your child often support his/her head with one or both hands?	yes	no
31.	Does your child stretch frequently while sitting (head back - legs forward)?	yes	no
32.	Does your child have balance problems?	yes	no
33.	Does your child have difficulty copying from the blackboard?	yes	no
34.	Does your child tend to work too slowly?	yes	no
35.	Does your child often ask questions, or often asks "what"?	yes	no
36.	Does he/she find it exhausting to copy items from the blackboard?	yes	no
37.	Does your child suffer motion sickness, for example while riding in a vehicle?	yes	no
38.	Does your child confuse letters such as b and d, or write in mirror writing?	yes	no
39.	Is your child bad at orientating him/herself in a room?	yes	no
40.	Does he/she have good verbal knowledge but can not transfer this knowledge to paper?	yes	no
41.	Does your child have difficulty writing (especially in cursive)?	yes	no
42.	When writing, does your child hold the paper at a 90 ° angle in front of him/her?	yes	no
43.	Does he/she have difficulty in spelling, grammar or arithmetic?	yes	no
44.	Does your child often leave out letters or words while reading?	yes	no
45.	Is your child easily irritated, or become angry easily?	yes	no
46.	Does your child find it difficult to keep inside the lines while writing?	yes	no
47.	Does your child have difficulty reading? (too slow / lacks reading comprehension)	yes	no
48.	Does your child have an abnormal gait?	yes	no
49.	Was your child a bed-wetter over the age of 5 years?	yes	no
50.	Does your child not like any tight-fitting clothing?	yes	no
51.	Does your child often seem disorganized and often forget things?	yes	no
52.	Does your child seem to be too talkative, or speak too much?	yes	no



53.	Did your child crawl?	yes	no
54.	Does your child like to sit on one or both feet?	yes	no
55.	When writing, does your child wrap his/her leg around the chair legs?	yes	no
56.	Does your child have trouble catching a ball?	yes	no
57.	Does your child have problems learning to swim, especially the breaststroke?	yes	no
58.	Does your child often look mistrustful (head goes down, look goes from the bottom up)?	yes	no
59.	Does your child often look down their nose at people?	yes	no
60.	Does your child have difficulty sitting still for long periods of time?	yes	no
61.	Does your child have difficulty learning?	yes	no
62.	Does your child copy things too slowly down from the blackboard?	yes	no
63.	Does your child tire quickly while reading?	yes	no
64.	Does your child love routine?	yes	no
65.	Is your child easily distracted?	yes	no
66.	Does your child suffer from asthma, allergies or frequent infections?	yes	no
67.	Does your child like to escape to a fantasy world?	yes	no
68.	Does your child frequently cut themselves in the world	yes	no
69.	Is your child often whiny?	yes	no
70.	Is it hard for your child to focus?	yes	no
71.	Did your child wear braces or does he/she wear braces?	yes	no
72.	Does your child have a malocclusion (over bite or under bite)	yes	no
73.	Does your child salivate excessively?	yes	no
74.	Did your child suck his/her thumb for a long period?	yes	no

Also discuss this questionnaire with your child's Teacher.

More than 7 "yes" answers, get tested by RIT trainer / RIT coach to see if their reflexes are active. This may be responsible for your child's learning and behavioral problems.