



telephone: 01295 788288  
email: [chrisguy696inpp@yahoo.co.uk](mailto:chrisguy696inpp@yahoo.co.uk)  
website: [chrisguy-inpp.co.uk](http://chrisguy-inpp.co.uk)

**HISTORICAL QUESTIONNAIRE**

Name of child: ..... Date of birth: .....

Address: .....

.....

Telephone number: .....

**PART ONE – NEUROLOGICAL**

Historical Infancy

*(please tick as appropriate)*

1. When you were pregnant with your child, did you have any medical problems? .....

a) If 'yes' please give details: .....

.....

.....

b) Did you have a bad viral infection in the first 13 weeks of your pregnancy? .....

c) Were you under severe emotional stress between 25th/27<sup>th</sup> week of your pregnancy? .....

2. Was your child born approximately on term, early for term or late for term? .....

Please give details: .....

.....

3. Was the birth process unusual or difficult in any way? .....

If yes, please give details: .....

.....

4. When your child was born, was he/she small for term? .....
- Please give birth weight: .....
5. When he/she was born, was there anything unusual about him/her, i.e. the skull distorted, was there heavy bruising, was definitely blue, heavily jaundiced or covered with a calcium-type coating or did he/she require Intensive Care? .....
- If yes, please give details: .....
- .....
6. In the first 13 weeks of your child's life, did he/she have difficulty in sucking, feeding or keeping food down? .....
7. In the first 6 months of your child's life was he/she a very still baby, so still that at times you wondered if it was a Cot Death? .....
8. Between 6 months and 18 months was your child very active and demanding: requiring minimum sleep with continual screaming? .....
9. When your child was old enough to sit up in the pram and stand up in the cot, did he/she develop a violent rocking motion, so violent that either the pram or the cot was actually moved? .....
10. Did he/she become a little 'head-banger' i.e. bang his/her head deliberately into solid objects? .....
11. Was he/she late at learning to walk? .....
- a) Did he/she go through a motor stage of crawling on the stomach, and creeping on the hands and knees or was he/she a 'bottom-hopper' or 'roller' who one day stood up? .....
- If yes, please give details: .....
- .....
12. Was he/she late at learning to talk? .....
13. In the first 18 months of his/her life, did he/she experience any illness involving very high temperature and/or convulsions? .....
- If yes, please give details: .....
- .....
- a) Was there any sign of infant eczema or asthma? .....
- b) Was there any sign of allergic responses? .....
- c) Was there adverse reaction to the triple inoculation? .....
14. After the illness did he/she have tremendous difficulties in learning to dress him/herself? .....

15. Did he/she suck his/her thumb through to 5 years or more? .....
- If so, which thumb?: .....
16. Did he/she wet the bed albeit occasionally above the age of 5 years? .....

Schooling

*(please continue to answer each question until age deems the following ones to be inappropriate)*

17. Does your child suffer from travel sickness? .....
18. When your child went to his/her first formal school, i.e. Infant School, in the first 2 years of schooling, did he/she have problems learning to read? .....
19. In the first 2 years of formal schooling did he/she have problems learning to write? .....
20. Did he/she have difficulty learning to tell the time from a traditional clock face as opposed to a digital clock? .....
21. Did he/she have difficulty learning to ride a two-wheel bicycle? .....
22. In the first 8 weeks of your child's life, did he/she have any illnesses involving a very high temperature, delirium or convulsions (excluding any illness in the first 18 months of life)? .....
- If yes, please give details: .....
- .....
23. Was he/she or is he/she an Ear, Nose and Throat (ENT) child i.e. did he/she suffer from numerous ear infections, has been a 'chesty' child or suffer from sinus problems? .....
24. Did/does your child have difficulty in catching a ball i.e. eye-hand co-ordination problems? .....
25. Is your child one who cannot sit still i.e. has 'ants in the pants' and is therefore continually being criticized by his/her teachers? .....
26. Does your child make numerous mistakes when copying from a book? .....
27. When your child is writing an essay or 'news-item' at school, does he/she occasionally put letters back to front or miss letters or words out when writing? .....
28. If there a sudden, unexpected noise or movement, does your child over-react? .....

**SCREENING QUESTIONNAIRE (Sheil)**

**PART TWO – NUTRITIONAL**

Has your child suffered from any of the following at regular intervals?

1. Gastro intestinal problems

Colic .....

Tummy pains or wind .....

Unusual bowel patterns .....

Recurrent constipation .....

Diarrhea .....

2. Skin problems

Eczema .....

Dry patches on face and arms .....

Nutmeg grater skin on upper arm or thigh (tiny bumps) .....

Dermatitis .....

Anything else, please specify: .....

.....

3. Ear, Nose and Throat Problems

Mouth ulcers .....

Bad breath .....

Tonsillitis .....

Earache .....

Sinusitis .....

Persistent runny nose .....

Snoring .....

Mouth breathing .....

Hay fever .....

4. Asthma - induced by:

Exercise .....

Infection .....

Dust .....

Mould .....

Animals .....

Food .....

Anything else (specify) .....

.....

5. Does your child suffer from excessive thirst? .....

Do his/her symptoms get worse if he/she has  
more than a 2 – 3 hour interval without eating? .....

Are there any particular foods which alter  
his/her behaviour? .....

If yes, please specify .....

.....

## **PART THREE – AUDITORY (Madaule)**

### Developmental History

1. Was there a delay in motor development? .....
2. Was there a delay in language development? .....
3. Did your child suffer from recurring ear infections? .....
4. Has your child ever been investigated specifically for hearing difficulties? .....

### Receptive Listening

This is the listening that is directed outward: it keeps us attuned to the world around us. Do any of the following apply to your child?

1. short attention span .....
2. distractibility .....
3. oversensitivity of sounds .....
4. misinterpretation of questions .....
5. confusion of similar sounding words, frequent need for repetition .....
6. inability to follow sequential instructions .....

### Motor Development

The ear is also involved in balance, coordination and body image. Please identify any of the following that are applicable to your child.

1. poor posture .....
2. fidgety behaviour .....
3. clumsy, uncoordinated movements .....
4. messy handwriting .....
5. poor organisational skills .....
6. confusion between left and right .....
7. mixes dominance .....
8. poor sports skills .....

### The Level of Energy

The ear acts as a dynamo, providing us with the energy we need to survive and lead fulfilling lives.

1. difficulty getting up .....
2. tiredness at the end of the day .....
3. habit of procrastinating .....
4. hyperactivity .....
5. tendency towards depression .....
6. feeling overburdened with everyday tasks .....

### Expressive Listening

This is the listening that is directed within. We use it to control our voices when we speak and sing.

1. flat and monotonous voice .....
2. hesitant speech .....
3. weak vocabulary .....
4. poor sentence structure .....
5. overuse of stereotyped expressions .....
6. inability to sing in tune .....
7. confusion or reversal of letters .....
8. poor reading comprehension .....
9. poor reading aloud .....
10. poor spelling .....

### Behavioural and Social Adjustment

A listening difficulty is often related to these:

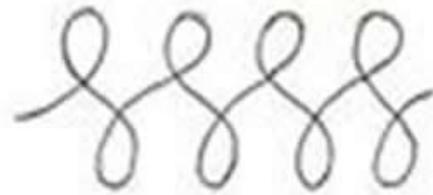
1. low tolerance for frustration .....
2. poor self-confidence .....
3. poor self-image .....
4. negative attitude to school/work .....
5. difficulty making friends .....
6. tendency to withdraw, avoid others .....
7. low motivation, not interest in school/work .....
8. immaturity ..... Irritability ..... Shyness .....

Please ask your child to copy the following sentence THREE times ...

(record the time taken and note it here .....)

The quick brown fox jumped over the lazy dog.

Now ask your child to copy this shape:



Firstly with the RIGHT HAND

Then with the LEFT HAND

Please use this section to highlight your main areas of concern:

Any other, relevant information that you feel is important in helping me form a clearer picture of your child ...

Signed: .....

Relationship to child: .....