

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

| 2. Did you have a long duration of bed-rest during pregnancy? Were there any difficulties during the birth (forceps used, ventouse, umbilical cord around the baby's neck)? Were there any difficulties during the birth (forceps used, ventouse, umbilical cord around the baby's yes reneck)? Were there any difficulties during the birth (forceps used, ventouse, umbilical cord around the baby's yes reneck)? Did you have an emergency C-section? Was your labor unusually long or short? Were there any labor inducing or contraction inhibiting actions during your baby's birth? Wes rethere any labor inducing or short? Were there any labor unusually long or short? Was your labor unusually long or short? Was your baby born breech? Did you rehild lie on his/her back alot in the first few months? yes results your child lie on his/her back alot in the first few months? yes results your child often stand with his/her feet turned in? yes results your child overly sensitive to noise? yes results your child overly sensitive to light or brightness? yes results your child overly sensitive to physical contact? yes results your child overly sensitive to physical contact? yes results your child suffer separation anxiety? yes results your child suffer separation anxiety? yes results your child suffer with neck pain? yes results your child struggle with spelling tests? yes results your child suffer with neck pain? yes results your child hold a pencil with a cramped hand? yes results your child hold a pencil with a cramped hand? yes results your child hold a pencil with a cramped hand? yes results your child hold a pencil with a cramped hand? yes results your child hold a pencil with a cramped hand? | 1. Did you have health or personal problems during pregnancy? | | T |
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| 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 maloccludion (over bit 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.

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