



The Institute for Neuro-Physiological Psychology

Date

ADULT SCREENING QUESTIONNAIRE FOR NEURODEVELOPMENTAL DELAY

Name Date of birth

Address

.....

Tel No Mobile No

Email

Has a diagnosis been given at any time ie. Dyslexia, Dyspraxia, ADHD, ADD?
If so, please state:

.....

PART 1 – NEUROLOGICAL DEVELOPMENT

Infancy

Please check if known

1. Is there any history of similar difficulties in your parents or their families?

2. Were you conceived as a result of IVF?

3. When your mother was pregnant with you, did she have any medical problems?
e.g. High blood pressure, excessive vomiting, threatened miscarriage, severe viral infection, severe emotional stress; please state:

.....

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a. Did she smoke during pregnancy?

b. Did she drink alcohol during pregnancy?

c. Did she have a bad viral infection in the first 13 weeks of her pregnancy?

d. Was she under severe emotional stress between 25-27th week of her pregnancy?

e. If known, how many ultra-sound scans were performed?

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4. Were you born approximately at term, early for term or late for term?
Please give details
- Was the birth process unusual or difficult in any way?
- Induced (please state reason)
 - Prolonged labour
 - Precipitate (fast) labour
 - Forceps
 - Ventouse
 - Cesarean Section (elective or emergency)
- If yes, please give details
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5. When you were born, were you small for term?
Please give birth weight, if known
6. When you were born, was there anything unusual about you?
i.e. the skull distorted, heavy bruising, definitely blue, heavily jaundiced,
covered with a calcium-type coating or require intensive care
If yes, please give details
-
7. In the first 13 weeks of your life, did you have difficulty in sucking,
feeding or keeping food down?
8. Were you breast fed?
How long did breast feeding continue?
9. In the first 6 months of your life, were you a very still baby, so still
that at times your mother wondered if it was a cot death?
10. Between 6 months and 18 months, were you very active and demanding,
requiring minimal sleep accompanied by continual screaming?
11. When you were old enough to sit up in the pram and stand up in the cot,
did you develop a violent rocking motion, so violent that either the
pram or cot was actually moved?
12. Did you become a 'head-banger' ie. bang your head deliberately
into solid objects?
13. Did you go through a motor stage of crawling on the stomach,
and creeping on the hands and knees or were you a 'bottom-hopper'
or 'roller' who one day stood up?
If yes, please give details
14. Were you a child late at learning to walk?
15. Were you a child late at learning to talk? (3 word phrases)
16. In the first 18 months of life, did you experience any illness involving
high temperatures and/or convulsions?

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If yes, please give details

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- 17. Was there any sign of infant eczema or asthma? Yes/No
- Was there any sign of allergic responses? Yes/No
- Was there adverse reaction to childhood vaccinations? Yes/No
- 18. Did you have difficulty learning to dress?
- 19. Did you suck your thumb through to 5 years or more?
- If so, which thumb? Right/Left
- 20. Did you wet the bed, albeit occasionally, above the age of 5 years?
- 21. Did you suffer from travel sickness?

School

- 22. When you went to grade school, in the first 2 years of schooling, did you have problems learning to read?
- 23. In the first 2 years of formal schooling did you have problems learning to write?
- 24. Did you have problems learning to do 'joined up' or cursive writing?
- 25. Did you have difficulty learning to tell the time from a traditional clock face as opposed to a digital clock?
- 26. Did you have difficulty learning to ride a two-wheeled bicycle?
- 27. In the first 8 years of your life were there any illnesses involving very high temperatures, delirium or convulsions (excluding any illness in the first 18 months of life?

If yes, please explain what illnesses you had and how old you were:

Illness Age

Illness Age

Illness Age

- 28. In the first eight years of your life, were you the child who continually suffered from colds, chest infections or ear problems?
- 29. Did you have difficulty in catching a ball, i.e. eye-hand coordination problems?

When you were older and had to do gymnastics, did you have more trouble than all your classmates in doing things like forward rolls, handstands, climbing a rope, balancing or jumping over a vault horse?

- 30. Did you have difficulty sitting still, ie. had 'ants-in-the-pants' and were continually being criticized by the teachers?
- 31. Did you make numerous mistakes when copying from a book or blackboard?
- 32. When you wrote an essay or news item at school, did you occasionally put letters back to front or miss letters or words out?

Present - Adulthood

- 33. If there is a sudden, unexpected noise or movement, do you over-react?
- 34. Do you have agoraphobia, panic attacks, extreme anxiety?
- How old were you when these problems started?
- What symptoms did you have?
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- Is there any one time or place where your symptoms are worse?
- If yes, where or when?.....

- 37. Do you have feelings that at times you will fall over?
Often
Sometimes
Never

- 38. Do you see things moving which you know cannot move, i.e. buildings, trees, etc?
Often
Sometimes
Never

- 39. Do you ever feel that your eyes will not work properly at times, i.e. that they do not focus properly, or play tricks on you?
Often
Sometimes
Never

- 40. Do you suffer from feelings of nausea?
Often
Sometimes
Never

- 41. Do you have feelings of dizziness?
Often
Sometimes
Never

42. Do you have feelings of dizziness while lying in bed? Often
Sometimes
Never
43. Do you feel that you have poor balance?
44. Do you feel your coordination is very bad at times?

Part 3

45. Do you, or have you suffered from migraine? Often
Sometimes
Never
46. Are you very sensitive to bright lights?
(Have you been to a discotheque with flashing lights
and does this affect you?)
47. Would you say that you are more sensitive to sound
than everyone you know?
48. Do you have problems in sorting out which is left and
right when giving directions or sorting out which is
your left and right hand?
49. When you are writing a something long and complicated, do you
find that after a time you begin to make silly mistakes, such
as putting letters in the wrong order, words in the wrong
order, or your ability to spell even simple words becomes
difficult? Often
Sometimes
Never
50. When you are very, very tired do you find that you know
what you want to say but what you do say actually comes
out jumbled up? Often
Sometimes
Never
51. When you are very, very tired do you find that your
coordination goes and you bump into things or
become clumsy? Often
Sometimes
Never

Please add any extra information you think may be appropriate: