**Pregnancy through early childhood**

1. When you were pregnant did you have any medical or stress related problems?
2. Was your child delivered at term or early/late?
3. Was the birthing process unusual in any way that would have been stressful to the infant? (induction, Cesarean, forceps, suction, long or short)
4. Was your child small for full term?
5. Were there any unusual physical signs or illnesses? (jaundice, bruising, distorted skull)
6. Was there any difficulty feeding or keeping it down? Bottle or breastfed?
7. Was your child particularly quiet/unresponsive or very active/demanding between 6 to 18 months?
8. Does your child suffer from travel / motion sickness?
9. Does your child have eczema, asthma or allergies? (Please explain if yes)
10. Does your child suffer from recurrent sinus, ear infections or headaches?
11. Is your child a violent rocker when standing or sitting?
12. Is your child a ‘head-banger’?
13. Did your child bum shuffle or skip the crawling stage?
14. Does your child start walking before 10 months or after 16 months?
15. Was there any serious illness or seizures in the first 18 months of life?
16. Did your child begin talking late (2-3 words by 2 years)?
17. Were there any adverse reactions to childhood vaccinations?
18. Was it difficulty for your child to learn to dress him/herself?
19. Was your child a thumb sucker past the age of 5?
20. Was your child a bed wetter past the age of 5?
21. Were there any difficulties establishing hand dominance or crossing the midline with objects?

**Midyears of childhood**

1. Does your child over-react to sudden noises?
2. Were there problems learning to read and or write in the early years at school?
3. Can your child tell time on an analogue clock?
4. Was it difficult for your child to ride a bike, do jumping jacks or skip?
5. Does she/he have difficulty catching a ball?
6. Can your child sit for a meal or school instruction at an age appropriate level?
7. Is it difficult for your child to copy from the board at school?
8. Does your child occasionally miss letters or write them backwards?
9. Does your child have an awkward pencil grip?
10. Has your child ever been diagnosed with any conditions (examples: low muscle tone or ADHD?