

Retained Primitive Reflexes Questionnaire

Circle YES or NO for each question below.

NAME _____ **DATE** _____

Easily triggered anger or emotional outbursts	Yes	No
Difficulty adapting to change	Yes	No
Difficulty following directional or movement instructions	Yes	No
Difficulty expressing written ideas	Yes	No
Poor concentration. Trouble staying on task	Yes	No
Easily distracted	Yes	No
Difficulty sitting still. Squirming or fidgeting	Yes	No
Poor short-term memory	Yes	No
Motion sickness	Yes	No
Weak immune system, asthma, allergies, and infections	Yes	No
Hypersensitive to light, movement, sound, touch, or smell	Yes	No
Headaches from muscle tension	Yes	No
Visual, speech, or auditory difficulties	Yes	No
Speech delay or difficulties	Yes	No
Difficulty with visual perception	Yes	No
Balance and coordination problems	Yes	No
Difficulty judging distances, depth, space, or speed	Yes	No
Sits in a "W" leg position when sitting on the floor	Yes	No
Toe walking	Yes	No
Poor posture or slouching	Yes	No
Shows signs of dyslexia	Yes	No
Reading, listening, handwriting, or spelling difficulties	Yes	No
Confused handedness or hasn't established preferred hand	Yes	No
Poor pencil grip	Yes	No
Clumsy / messy eating, sensitive to foods, or a picky eater	Yes	No
Poor eye-hand coordination	Yes	No
Handwriting difficulties	Yes	No
Bedwetting, especially at night after four years of age	Yes	No
Scoliosis	Yes	No
Total score for YES column (1 point for each YES)		

A total score of 10 or more suggests the need for a screening for retained primitive reflexes.