



Reset Rewire Restore

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Kid's AP Questionnaire

All information provided through this questionnaire is protected by HIPPA compliance.



Kids AP Questionnaire

Name: _____ Age: _____

Biological Gender (M/F): _____ Email: _____

Parent/Guardian: _____

Instructions

Please paint us a picture of your daily struggles. Use this form to give us any information you feel would help us better understand your needs. Please note any concerning behaviors and the circumstances surrounding the most recent incident.

Please carefully read each question and answer using a number on the scale below .

5 **4** **3** **2** **1**
Strongly Agree Somewhat Agree Neutral Somewhat Disagree Strongly Disagree

- My child often feels stupid. _____
- My child is often worn out or angry when coming home from school. _____
- My child has poor eye contact. _____
- My child is often unhappy or withdrawn. _____
- My child's frustration in school seems to trigger behavior problems. _____
- My child's struggle with schoolwork affects the whole family. _____
- My child is working up to their potential. _____
- My child's school performance could limit future educational & career options. _____
- My child has a history with constipation. _____
- My child complains of not seeing well but their eye exams have been normal. _____
- My child complains that print is too small. _____
- My child has/had difficulty learning to ride a bicycle. _____

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5 **4** **3** **2** **1**
Strongly Agree Somewhat Agree Neutral Somewhat Disagree Strongly Disagree

- My child continues to have bed-wetting accidents. _____
- My child is easily irritated by clothes or tags. _____
- My child has a history of frequent ear infections/irritations. _____
- My child has a history of frequent nasal or sinus infections. _____
- My child has a history of frequent throat infections. _____
- My child can not ignore irrelevant visual and auditory stimuli in everyday life. _____
- My child often has Eczema or Psoriasis flares ups. _____
- My child has allergies and/or food sensitivities. _____
- My child often gets hangry. _____
- My child often slouches because sitting up is too hard. _____
- My child often rests their head on their hands when sitting to write or eat. _____
- My child often speaks of not being able to find a comfortable sitting position _____
- My child gets tired easily even after a good night's sleep. _____
- My child rounds their shoulders and walks with their head down. _____
- My child is afraid to try new experiences. _____
- My child is always tired. _____
- My child is bullied by other kids. _____
- My child has difficulty processing information around them. _____
- My child grinds their teeth. _____
- My child avoids tasks that are outside their comfort zone. _____
- My child has difficulty transitioning from one activity to another. _____
- My child sees themselves as the victim & doesn't communicate needs effectively. _____
- My child complains of chest pain. _____

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5 **4** **3** **2** **1**
Strongly Agree Somewhat Agree Neutral Somewhat Disagree Strongly Disagree

- My child has difficulty processing information around them.
- My child has low endurance and stamina
- My child needs to prop themselves up on a wall when standing for longer periods.
- My child always wants company & has hard playing or spending time on their own.
- My child wants to sleep in my bed regularly.
- My child always blames others for things that go wrong.
- My child has a hard time concentrating.
- My child chews on their clothes.
- My child regularly complains of tummy aches.
- My child worries a lot about what others think of them.
- My child has difficulty adapting to changes.
- My child binges on snacks or sugary foods when under stress.
- My child does not eat enough.
- My child always wants to be left alone.

Please use the space on the page below to note any of your child's concerning behaviors and the circumstances surrounding the most recent incident.

- When did you notice your child's behavioral issues the most?
- In which environment did their issues seem to occur the most?
- What did you observe after these occurrences?
- What is your response to/during these occurrences?

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Please use the space below to note any of your child's concerning behaviors and the circumstances surrounding the most recent incident.

- When did you notice your child's behavioral issues the most?
- In which environment did their issues seem to occur the most?
- What did you observe after these occurrences?
- What is your response to/during these occurrences?

Thank you for completing this form.

Please email it to us at info@resetrewirerestore.com and we will get back to you within two business days.



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