



Inspire Therapy Whole Child Solutions
For Sensory processing Basics
Breathe, Sleep, Eat well
Sensory processing & primitive reflex
Questionnaire

Child's name: _____

D.O.B _____

Date: _____

| Does your child or is your child | Always 76%-100% | Frequently 75% | Often 50% | Sometimes 25% | Never |
|--|--------------------|-------------------|--------------|------------------|-------|
| <i>Section 1:</i> | | | | | |
| Have irregular breathing patterns | | | | | |
| Hold his/her breath often | | | | | |
| Sigh often | | | | | |
| Mouth breathe | | | | | |
| Sleep with his/her mouth open | | | | | |
| Have anxiety | | | | | |
| Have panic attacks | | | | | |
| <i>Section 2:</i> | | | | | |
| Have difficulty getting to sleep | | | | | |
| Wake early | | | | | |
| Wake often during the night | | | | | |
| Need to co-sleep with sibling or parents | | | | | |
| Have nightmares/night terrors | | | | | |
| <i>Section 3:</i> | | | | | |
| A picky eater | | | | | |
| Have a limited food repertoire | | | | | |
| Have strong food preferences | | | | | |
| Have strong food aversions | | | | | |
| Only eat food that is cold or hot | | | | | |
| Eat very spicy/hot foods | | | | | |
| Eat bland foods only | | | | | |
| Crave carbohydrates | | | | | |