

Reflex Integration and Assessment Questionnaire (RMTI)

Please complete the following

Name of child: Date:

Birth date: Age: Sex:

Address:

Name – Mother: Tel:

Name – Father: Tel:

Email mother:

Email father:

Who is the legal guardian of the child?

Please answer the following:

	Yes/No		Duration/Number
Did mother need periods of bed rest while pregnant?		If so for how long?	
Was the mother depressed or overly fearful during the pregnancy?		How many ultrasounds were performed during the pregnancy?	
Was baby premature?		How many weeks?	
Was baby overdue?		How long?	
Caesarean delivery?		Elective or Emergency?	
Forceps delivery?			Yes/No
Vacuum delivery?		Very fast labour?	
Induced delivery?		Very long/slow labour?	
Was baby conceived through IVF or surrogacy? (Indicate which)		Was your child adopted? (If yes, how old when they came to your family?)	
Was your baby in an incubator?		If yes, why?	
Did s/he have jaundice?		Anything else?	
Did your child			
Scream a lot as a baby?		Have difficulties falling asleep?	
Have frequent ear infections?		Seem to be very inactive or sluggish?	
Move by rolling?		Drag one leg behind when crawling?	
Crawl on hands and knees?		Slide on the bottom?	
What age did your child crawl?		Walk?	Speak?
Does your child have any allergies or sensitivities?		If so, to what?	
Did your child go through the defiant stage?		If yes, was it Extreme? Slight? Normal?	

What are your main concerns?

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Please complete the following: (circle the most appropriate number for each question)

	never	rarely	Some times	Frequently	almost always	always
1. Has difficulty doing up buttons	0	1	2	3	4	5
2. Has difficulty tying shoe laces	0	1	2	3	4	5
3. Has poor manual dexterity	0	1	2	3	4	5
4. Has poor handwriting, pen grip, pain when writing	0	1	2	3	4	5
5. Tires easily when writing	0	1	2	3	4	5
6. Has good ideas however cannot put them in writing	0	1	2	3	4	5
7. Makes movements with mouth when writing etc	0	1	2	3	4	5
8. Has difficulty making a number "8"	0	1	2	3	4	5
9. Turns page on angle when writing	0	1	2	3	4	5
10. Has difficulty with reading	0	1	2	3	4	5
11. Has difficulty with spelling	0	1	2	3	4	5
12. Has poor posture	0	1	2	3	4	5
13. "W" sitter	0	1	2	3	4	5
14. Has a clumsy, awkward, uncoordinated, jerky walking style	0	1	2	3	4	5
15. Had problems learning to do somersaults	0	1	2	3	4	5
16. Hesitates when starting movements	0	1	2	3	4	5
17. Finds it difficult to cross the midline	0	1	2	3	4	5
18. Has challenges holding up head	0	1	2	3	4	5
19. Slouches over table when writing	0	1	2	3	4	5
20. Has poor, loose muscle tone (over flexible)	0	1	2	3	4	5
21. Has hyper-tone (too tight, tense)	0	1	2	3	4	5
22. Fluctuates between too active and exhaustion	0	1	2	3	4	5
23. Dislikes physical activity and sport	0	1	2	3	4	5
24. Has difficulty hopping on one leg	0	1	2	3	4	5
25. Has difficulty doing somersaults	0	1	2	3	4	5
26. Has difficulty doing breast stroke	0	1	2	3	4	5
27. Has difficulty riding a bicycle	0	1	2	3	4	5
28. Has difficulty skipping, hopping, jumping	0	1	2	3	4	5
29. Has difficulties throwing &/or catching a ball	0	1	2	3	4	5
30. Has difficulties kicking a ball	0	1	2	3	4	5
31. Did not walk until over 18 months of age	0	1	2	3	4	5
32. Crawled in a non-typical way	0	1	2	3	4	5
33. Toe walker	0	1	2	3	4	5
34. Is clumsy and uncoordinated	0	1	2	3	4	5
35. Has poor balance	0	1	2	3	4	5
36. Has difficulties sitting still, fidgets & wriggles	0	1	2	3	4	5
37. Has difficulty with paying attention	0	1	2	3	4	5
38. Has a poor memory	0	1	2	3	4	5
39. Does not like tight clothing	0	1	2	3	4	5
40. Is hypersensitive to sounds	0	1	2	3	4	5
41. Is afraid of the dark	0	1	2	3	4	5
42. Is hypersensitive to light	0	1	2	3	4	5

RMTI Additional Movements & General Information

43. Is hypersensitive to touch	0	1	2	3	4	5
44. Experiences motion sickness	0	1	2	3	4	5
45. Appears anxious	0	1	2	3	4	5
46. Acts on impulse	0	1	2	3	4	5
47. Is over-active	0	1	2	3	4	5
48. Is unobtrusive, passive, apathetic	0	1	2	3	4	5
49. Is overly shy	0	1	2	3	4	5
50. Has problems asserting self	0	1	2	3	4	5
51. Wet the bed after the age of five	0	1	2	3	4	5
52. Soils himself after the age of five	0	1	2	3	4	5
53. Has fits of emotions	0	1	2	3	4	5
54. Has inarticulate speech or stutters	0	1	2	3	4	5
55. Dribbles excessively	0	1	2	3	4	5
56. Sucks thumb, fingers, clothing	0	1	2	3	4	5
57. Chews pens, fingers, fingernails, hair	0	1	2	3	4	5
58. Has an excessively high arch of the palate	0	1	2	3	4	5
59. Has crowded upper teeth	0	1	2	3	4	5
60. Messy eater	0	1	2	3	4	5
61. Has problems playing with others	0	1	2	3	4	5
62. Has problems with foresight and planning (after age of 8)	0	1	2	3	4	5
63. Tires easily – poor stamina & endurance	0	1	2	3	4	5
64. Overly Anxious	0	1	2	3	4	5
65. Has panic attacks	0	1	2	3	4	5
66. Is over-sensitive	0	1	2	3	4	5
67. Has frequent mood swings	0	1	2	3	4	5
68. Has difficulty accepting criticism	0	1	2	3	4	5
69. Is inflexible and needs rigid routine	0	1	2	3	4	5
70. Dislikes and is disturbed by changes in routine	0	1	2	3	4	5
71. Is physically timid	0	1	2	3	4	5
72. Likes to control, dominate or manipulate his environment & others	0	1	2	3	4	5
73. Has difficulty making decisions	0	1	2	3	4	5
74. Procrastinates	0	1	2	3	4	5
75. Adjusting visual focus and other vision challenges	0	1	2	3	4	5
76. Poor hand-eye, eye-hand coordination	0	1	2	3	4	5
77. Has asthma	0	1	2	3	4	5
78. Has allergies	0	1	2	3	4	5
79. Has food or food colouring sensitivities	0	1	2	3	4	5
80. Craves sweet foods	0	1	2	3	4	5
81. Has scoliosis	0	1	2	3	4	5
82. Difficulty with sequencing	0	1	2	3	4	5
83. Poor sense of time	0	1	2	3	4	5
84. Finds it difficult to play with others	0	1	2	3	4	5
85. Poor spatial awareness	0	1	2	3	4	5