

## VSTM Questionare

1. Do you have any shoulder pain? Left or right shoulder pain? What relieves it?

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2. Right shoulder blade pain? y/n
3. Neck pain? y/n Where?
4. Back or rib pain? y/n Where?
5. Joint pain? y/n Where?
6. Sciatica? y/n Which side?
7. Birth control? y/n What type?
8. Headaches/migraines ? y/n Where does it start?
9. Frequent, recurring tonsillitis/bronchitis or colds? y/n
10. Diagnosed with Attention Deficit Disorder? y/n
11. Do you have heart burn or acid reflux or other digestive issues? y/n
12. History of Aneurysm? y/n When?
13. History of bleeding ulcers? y/n When?
14. History of thrombosis? y/n When?
15. History of hemorrhage or fracture? y/n When?
16. Any history of heart problems? y/n
17. Any history of Cancer or other systemic disease such as Diabetes? y/n
18. Do you have brain fog or dizziness? y/n
19. Are you pregnant? y/n
20. Do you smoke or drink alcohol? y/n
21. Have you had Covid? y/n
22. Are you on anticoagulant drugs or cortisone? y/n

23. Are you currently being treated or have been treated with radiation or chemotherapy? y/n How long since you stopped treatment?
24. Do you have varicose veins? y/n Where?
25. Do you have a pacemaker, stint or lap band? y/n
26. Have you been in a motor vehicle accident? y/n
27. Have you had any head trauma? y/n When?
28. Do you have breathing problems, shortness of breath even if its minor? y/n
29. Have you had surgery? y/n What type?
30. Do you have any mesh in your body? y/n
31. What medications are you taking?
33. Have you fallen recently? y/n If so how long ago and how did you land?
34. Do you have any other systemic disease that I should know about?
35. Do you have any trauma history?
36. Are you seeing a counselor?

#### Bowel and Bladder questions

37. Do you have a history of constipation? y/n How often?
38. When was your last period?
39. Do you have incontinence (difficulty holding your urine)? y/n
40. Do you have a history of prolapsed bladder? y/n
41. Do you have burning with urination? y/n
42. Do you urinate frequently, have a heavy feeling in your abdomen? y/n Is it relieved if you lift your belly with your hands? y/n
43. Do you have a history of urinary tract infections? y/n Other infections? y/n

## Reflexes Questionnaire

Do you/your child have any of the following? Please circle any that apply.

### Moro/FPR

- Motion sickness
- Poor balance
- Physically uncertain
- Lack stamina
- Hyperactivity followed by fatigue
- Visual problems
- Very sensitive to light or sound
- Allergies
- Hypoglycemia (hyperactive or poor concentration after eating sugary foods or 4 hours after eating)
- Anxiety of any kind
- Mood swings
- Difficulty with criticism
- Dislike of change
- Sensitive
- Struggle with math

### Palmer

- Palms hypersensitive to touch
- Struggle with coordination
- Messy handwriting
- Fatigue or pain with writing
- Mouth movements when using your hands
- Speech or articulation issues

### TNR

- Struggle with posture
- Dislike of upper body activities especially sports
- Frequently bumping into people or things
- Struggle with spelling or time
- Difficulty speaking clearly
- Toe walking

### Spinal Galant

- Fidgeting
- Bedwetting
- Struggle with concentration/attention/racing thoughts
- Struggle with short term memory

Messy  
Struggle with reading

### **ATNR**

Right/left confusion  
Struggle reaching across body  
Struggle with skipping/marching  
Reverse letters  
Not sure which hand is dominant  
Struggle to write ideas down

### **STNR**

Struggle with hand/eye coordination (like catching a ball)  
Struggle learning to swim  
Messy eater

### **FPR**

Low stress tolerance  
Panic attacks, nightmares or phobias  
Extremely shy  
Selective inability/refusal to speak  
Autism  
Excessive need for everything to be in its place  
Oppositional defiant or aggressive behavior  
Temper tantrums