

Cardinal Pediatrics, PLLC

[www.cardinalpediatrics.com](http://www.cardinalpediatrics.com)

### Adult Reading History Questionnaire

## PARENTS - PLEASE FILL OUT FOR YOURSELF NOT CHILD!

**Dyslexia is HIGHLY hereditary!**

**We are asking PARENTS to fill out this form so we can better understand your child.**

**If you feel that these questions better identify with the other parent -  
please discuss it with your provider.**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent Name (answering questions as themselves) \_\_\_\_\_

1) Parent Gender  Male  Female

2) Parent Age \_\_\_\_\_

3) First language learned \_\_\_\_\_

4) a) Spoken language of preference \_\_\_\_\_

b) Written language of preference \_\_\_\_\_

5) You prefer to use your  Right Hand  Left Hand  Ambidextrous

6) You have normal or corrected-to-normal vision  Yes  No

7) Number of years of schooling (from elementary school to present) \_\_\_\_\_

8) To the best of your knowledge, did your parents ever report that either of them had a problem with reading or spelling?  Yes  No  Not sure

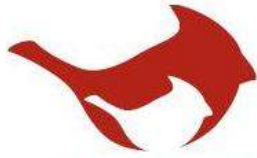
a) If yes, please give details \_\_\_\_\_

9) To the best of your knowledge, did your brother(s) and/or sister(s) ever report that either of them had a problem with reading or spelling?  Yes  No  Not sure

a) If yes, please give details \_\_\_\_\_

10) To the best of your knowledge, have any other members of your family (e.g., aunt, uncle, grandparents) ever had difficulty with reading or spelling?  Yes  No  Not sure

a) If yes, please give details \_\_\_\_\_



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Please circle the number of the responses that most nearly describes your attitude or experience for each of the following questions or statements.

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent Name (answering questions as themselves) \_\_\_\_\_

**1. How much difficulty did you have learning to read in elementary school?**

0 (none)                      1                      2                      3                      4 (Great Deal)

**2. How much extra help did you need when learning to read in elementary school?**

0 (no help)                      1                      2 (teachers/parents)                      3                      4 (tutor for 2 years)

**3. How would you compare your reading skill to that of others in your elementary classes?**

0 (above average)                      1                      2                      3                      4 (below average)

**4. Which of the following most nearly describes your attitude toward reading as a child?**

0 (very positive)                      1                      2 (neutral)                      3                      4 (very negative)

**5. When you were in elementary school, how much reading did you do for pleasure?**

0 (great deal)                      1                      2 (some)                      3                      4 (none)

**6. How would you compare your reading speed in elementary school with that of your classmates?**

0 (above average)                      1                      2                      3                      4 (below average)

**7. How much difficulty did you have learning to spell in elementary school?**

0 (none)                      1                      2 (some)                      3                      4 (great deal)

**8. When you were in elementary school, how many books did you read for pleasure each year?**

0 (10+)                      1                      2 (2-5)                      3                      4 (none)

Total Mean \_\_\_\_\_

Total Mean is score divided by total maximum  
Greater than .45 - Dyslexia Possible

Please return the completed screener to us either by:

- Upload to secure portal at [www.cardinalpediatrics.com/securesend](http://www.cardinalpediatrics.com/securesend)
- Email [forms@cardinalpediatrics.com](mailto:forms@cardinalpediatrics.com)
- Text us a picture to 304-599-8000
- Fax us at 304-599-8003