

## Motor-Co-ordination Questionnaire

Name:

Date:

Please rate the following by circling the appropriate number.

**0 Not at all                      1 Mild                      2 Moderate                      3 Severe**

### Gross Motor co-ordination skills (large movements)

Do you have difficulties with balance? (E.g. riding a bicycle)	0	1	2	3
Do you find it difficult to stand for a long time?	0	1	2	3
Do you find some sports difficult?	0	1	2	3
Do you experience difficulties with hand eye co-ordination? (bat and ball sports or car driving)	0	1	2	3
Do you find that you lack rhythm? (dancing )	0	1	2	3
Do you experience clumsiness? (movement)	0	1	2	3
Do you experience exaggerated movements? (flapping arms when running)	0	1	2	3
Do you have a tendency to fall or trip?	0	1	2	3
Did you experience reaching milestones in childhood late? (sitting or crawling)	0	1	2	3

### Fine Motor Co-ordination skills (small movements)

Do you experience difficulties with two-handed tasks? (use of cutlery, ironing)	0	1	2	3
Do you experience difficulties with word-processing handwriting and drawing?	0	1	2	3
Do you have an awkward pen grip?	0	1	2	3
Do you experience difficulty with grasping tools and objects?	0	1	2	3

Do you experience difficulties with personal grooming and dressing? 0 1 2 3  
(doing your hair, fastening clothes and difficulties with shoe laces)

Do you use either hand for different tasks at different times? 0 1 2 3

### **Speech and Language**

Do you experience yourself talking continuously? 0 1 2 3

Do you repeat yourself? 0 1 2 3

Were you late learning speech? 0 1 2 3

Is your speech clear? 0 1 2 3

### **Eye Movements**

Do you lose your place when reading? 0 1 2 3

Do you experience difficulties when you shift your gaze from one object to the another one? 0 1 2 3

### **Perception (the interpretation of different senses)**

Are you sensitive to light? 0 1 2 3

Are you sensitive to noise? 0 1 2 3

Do you experience difficulties distinguishing sounds from background noise? 0 1 2 3

Are you over sensitive or under sensitive to touch? 0 1 2 3

Are you over sensitive or under sensitive to smell? 0 1 2 3

Do you have a lack of awareness of body position in space? 0 1 2 3

Do you have little sense of time, distance and weight? 0 1 2 3

Do you have difficulties discriminating your left from your right? 0 1 2 3

### **Learning, Thought and Memory**

Do you have difficulty planning and organising your thoughts? 0 1 2 3

Do you have difficulties with short-term memory? 0 1 2 3

Do you experience being erratic and messy in your work?	0	1	2	3
Do you experience difficulties with sequencing your report/assignment writing?	0	1	2	3
Do you experience difficulties with being precise and accurate?	0	1	2	3
Do you find following instructions difficult?	0	1	2	3
Are you easily distracted?	0	1	2	3
Do you try to do more than one thing at a time?	0	1	2	3
Do you find that you can only do one thing at a time properly?	0	1	2	3
Do you daydream?	0	1	2	3
Do you find that you need excessive time for task completion?	0	1	2	3

### **Emotion and Behaviour**

Do you experience difficulties listening particularly in large groups?	0	1	2	3
Do you listen but do not always understand?	0	1	2	3
Do you experience picking up non-verbal cues?	0	1	2	3
Are you slow to adapt to new or unpredictable situations?	0	1	2	3
Do you actively seek to avoid unpredictable situations?	0	1	2	3
Are you easily frustrated?	0	1	2	3
Do you have good and bad days?	0	1	2	3
Do you opt out of things that you perceive are too difficult?	0	1	2	3

**You can add any other further comments here.**