

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? (doing your hair, fastening clothes and difficulties with shoe laces)	0	1	2	3
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Do you use either hand for different tasks at different times?	0	1	2	3
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Speech and Language

Do you experience yourself talking continuously?	0	1	2	3
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Do you repeat yourself?	0	1	2	3
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Were you late learning speech?	0	1	2	3
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Is your speech clear?	0	1	2	3
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Eye Movements

Do you lose your place when reading?	0	1	2	3
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Do you experience difficulties when you shift your gaze from one object to the another one?	0	1	2	3
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Perception (the interpretation of different senses)

Are you sensitive to light?	0	1	2	3
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Are you sensitive to noise?	0	1	2	3
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Do you experience difficulties distinguishing sounds from background noise?	0	1	2	3
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Are you over sensitive or under sensitive to touch?	0	1	2	3
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Are you over sensitive or under sensitive to smell?	0	1	2	3
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Do you have a lack of awareness of body position in space?	0	1	2	3
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Do you have little sense of time, distance and weight?	0	1	2	3
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Do you have difficulties discriminating your left from your right?	0	1	2	3
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Learning, Thought and Memory

Do you have difficulty planning and organising your thoughts?	0	1	2	3
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Do you have difficulties with short-term memory?	0	1	2	3
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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.