**The Adult Developmental Coordination Disorder/ Dyspraxia Checklist (ADC) for Further and Higher Education**

**(Kirby and Rosenblum, 2008)**

**Please complete the following questionnaire giving as much information as you can.**

Please tick boxes as appropriate. It will take you about 10-15 minutes to complete this.

All information given is dealt with in the strictest confidence.

**NAME:**

**COURSE and YEAR of STUDY:**

Please click on the relevant box and a cross should appear

|  |  |  |
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| **Section 1: As a child, did you:**  |  |  |
|   | **Never**  | **Sometimes**  | **Frequently**  | **Always**  |
| **1.** Have difficulties with self-care tasks, such as tying shoelaces, fastening buttons and zips?  |[ ] [ ] [ ] [ ]
| **2.** Have difficulty eating without getting dirty?  |[ ] [ ] [ ] [ ]
| **3.** Have difficulty learning to ride a bike compared to your peers?  |[ ] [ ] [ ] [ ]
| **4.** Have difficulties with playing team games, such as football, volleyball, catching or throwing balls accurately?  |[ ] [ ] [ ] [ ]
| **5.** Have difficulty writing neatly (so others could read it)?  |[ ] [ ] [ ] [ ]
| **6.** Have difficulty writing as fast as your peers?  |[ ] [ ] [ ] [ ]
| **7.** Bump into objects or people, trip over things more than others?  |[ ] [ ] [ ] [ ]
| **8.** Have difficulty playing a musical instrument (e.g. violin, recorder)?  |[ ] [ ] [ ] [ ]
| **9.** Have difficulties with organising/finding things in your room?  |[ ] [ ] [ ] [ ]
| **10.** Have others comment about your lack of coordination or call you clumsy?  |[ ] [ ] [ ] [ ]
| **Total**  |   |   |   |   |

Please click on the relevant box and a cross should appear

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| --- |
|  **Section 2: Do you currently have difficulties with the following items:** |
|   | **Never**  | **Sometimes**  | **Frequently**  | **Always**  |
| **1.** Self-care tasks such as shaving or make up?  |[ ] [ ] [ ] [ ]
| **2.** Eating with a knife and fork/spoon?  |[ ] [ ] [ ] [ ]
| **3.** Hobbies that require good coordination?  |[ ] [ ] [ ] [ ]
| **4.** Writing neatly when having to write fast?  |[ ] [ ] [ ] [ ]
| **5.** Writing as fast as your peers?  |[ ] [ ] [ ] [ ]
| **6.** Reading your own writing?  |[ ] [ ] [ ] [ ]
| **7.** Copying things down without making mistakes?  |[ ] [ ] [ ] [ ]
| **8.** Organising/finding things in your room?  |[ ] [ ] [ ] [ ]
| **9.** Finding your way around new buildings or places?  |[ ] [ ] [ ] [ ]
| **10.** Have others called you disorganised?  |[ ] [ ] [ ] [ ]
| **11.** Do you have difficulties sitting still or appearing fidgety?  |[ ] [ ] [ ] [ ]
| **12.** Do you lose or leave behind possessions?  |[ ] [ ] [ ] [ ]
| **13.** Would you say that you bump into things, spill or break things?  |[ ] [ ] [ ] [ ]
| **14.** Are you slower than others getting up on the morning and getting to work or college?  |[ ] [ ] [ ] [ ]
| **15.** Did it take you longer than others to learn to drive? (if you do not drive, please indicate on the paper and describe why you chose not to drive)  |[ ] [ ] [ ] [ ]
| **16.** Do others find it difficult to read your writing?  |[ ] [ ] [ ] [ ]
| **17.** Do you avoid hobbies that require good coordination?  |[ ] [ ] [ ] [ ]
| **18.** Do you choose to spend your leisure time more on your own than with others?  |[ ] [ ] [ ] [ ]
| **19.** Do you avoid team games/sports?  |[ ] [ ] [ ] [ ]
|  | **Never**  | **Sometimes**  | **Frequently**  | **Always**  |
| **20.** If you do a sport, is it more likely to be on your own, e.g. going to the gym, than with others?  |[ ] [ ] [ ] [ ]
| **21.** Do you/did you in your teens/twenties avoid going to clubs/dancing?  |[ ] [ ] [ ] [ ]
| **22.** If you are a driver, do you have difficulty parking a car?  |[ ] [ ] [ ] [ ]
| **23.** Do you have difficulty preparing a meal from scratch?  |[ ] [ ] [ ] [ ]
| **24.** Do you have difficulty packing a suitcase to go away?  |[ ] [ ] [ ] [ ]
| **25.** Do you have difficulty folding clothes to put them away neatly?  |[ ] [ ] [ ] [ ]
| **26.** Do you have difficulty managing money?  |[ ] [ ] [ ] [ ]
| **27.** Do you have difficulties with performing two things at the same time (e.g. driving and listening or taking a telephone message)?  |[ ] [ ] [ ] [ ]
| **28.** Do you have difficulties with distance estimation (e.g. with regard to parking, passing through objects)?  |[ ] [ ] [ ] [ ]
| **29.** Do you have difficulty planning ahead?  |[ ] [ ] [ ] [ ]
| **30.** Do you feel you are losing attention in certain situations?  |[ ] [ ] [ ] [ ]

Can you describe any compensatory strategies or approaches that you have developed over the years in order to deal with coordination difficulties in your everyday life?

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Please attach a sample of your handwriting to your email, if you can..