

Listening for DCD Interview Guide

Child's name: _____

Date: _____

Caregiver name : _____

Relation to child : _____

Please use the following questions to guide your interview with the parent. Indicate (x) whether the parent has any concerns.

Question	Concern	Parent Comments
Do you have any concerns about your child's development, learning or behaviour? (Think about: difficulty learning new things, particularly motor-based tasks, increased effort, frustration)	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
What types of activities does your child enjoy? (Think about whether these are mostly nonphysical activities [e.g., computer, TV, video games])	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
Are there activities that your child tends to avoid? (Think about: drawing, cutting, printing, ball games, sports, playground activities, running)	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
How is your child managing self-care routines (e.g., dressing independently; doing up buttons, zippers; tying shoes; cutting meat; spreading food with a knife)? (Are you helping a lot? Is your child frustrated?)	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
Does your child play any sports or active games? (Does he/she like to participate in organized sports? Does he/she tend to quit after trying a new sport?)	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
How does your child enjoy school? What school activities are more challenging for him/her? (Does he/she avoid school, complain of stomachaches, have difficulty completing school tasks, dislike homework, particularly written work?)	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
Does your child have friends that he/she plays with? (Is your child lonely, teased, victimized? Does he/she have a close friend?)	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
When you think back, is there anything that you have tried to teach your child to do that has taken longer than you think it should have? (Think about activities such as doing up fasteners, bicycle riding, tying shoes, ball games, soccer kicks)	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	

Physiotherapist's name: _____

Adapted from: Appendix to: Missiuna C, Gaines R, Soucie H. Why every office needs a tennis ball: a new approach to assessing the clumsy child. *CMAJ* 2006; 175(5):471-3.