

# Listening for DCD Interview Guide

Child's name: \_\_\_\_\_

Date: \_\_\_\_\_

Interview with (child, mother, father, etc): \_\_\_\_\_

## Questionnaire for parents of children with motor coordination problems

Please read each of the questions below and indicate (x) whether you have any concerns.

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

Physiotherapist's name: \_\_\_\_\_

Contact information: \_\_\_\_\_

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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.