DCDQ '07

The Developmental Coordination Disorder Questionnaire 2007

Name of Child: _____ Child's Date of Birth (mm/dd/yy)_____

Person completing Questionnaire: _____ Relationship to child: _____

This questionnaire is to be completed by a **parent or caregiver of a child between 5 and 15 years of age**.

Most of the motor skills that this questionnaire asks about are things that your child does with his or her hands, or when moving. A child's coordination may improve each year as they grow and develop. For this reason, it will be easier for you to answer the questions if you think about other children that you know who are the same age as your child. Please compare the degree of coordination your child has with other children of the same age when answering the questions.

Circle the one number that best describes your child. If you change your answer and want to circle another number, please circle the correct response twice. If you are unclear about the meaning of a question, or about how you would answer a question to best describe your child, please ask a clinician for assistance.

	Not at all like your child **1**	**A bit** like your child **2**	**Moderately** like your child **3**	**Quite a bit** like your child **4**	**Extremely** like your child **5**
1. Your child *throws a ball* in a controlled and accurate fashion.	1	2	3	4	5
2. Your child *catches* a small ball (e.g., tennis ball size) thrown from a distance of 6 to 8 feet (1.8 to 2.4 meters).	1	2	3	4	5
3. Your child *hits* an approaching ball or birdie with a bat or racquet accurately.	1	2	3	4	5
4. Your child *jumps* easily over obstacles found in a garden or play environment.	1	2	3	4	5
5. Your child *runs* as fast and in a similar way to other children of the same gender and age.	1	2	3	4	5
6. If your child has a *plan* to do a motor *activity*, he/she can organize his/her body to follow the plan and effectively complete the task (e.g., building a cardboard or cushion "fort," moving on playground equipment, building a house or a structure with blocks, or using craft materials).	1	2	3	4	5
7. Your child's printing or *writing* or drawing in class is *fast* enough to keep up with the rest of the children in the class.	1	2	3	4	5

	Not at all like your child **1**	**A bit** like your child **2**	**Moderately** like your child **3**	**Quite a bit** like your child **4**	**Extremely** like your child **5**
8. Your child's printing or *writing* letters, numbers and words is *legible*, precise and accurate or, if your child is not yet printing, he or she *colors* and *draws* in a coordinated way and makes pictures that you can recognize.	1	2	3	4	5
9. Your child uses appropriate *effort* or tension when printing or writing or drawing (no excessive *pressure* or tightness of grasp on the pencil, writing is not too heavy or dark, or too light).	1	2	3	4	5
10. Your child *cuts* out pictures and *shapes* accurately and easily.	1	2	3	4	5
11. Your child is interested in and *likes* participating in *sports or active* games requiring good motor skills.	1	2	3	4	5
12. Your child learns *new motor tasks* (e.g., swimming, rollerblading) easily and does not require more practice or time than other children to achieve the same level of skill.	1	2	3	4	5
13. Your child is *quick and competent* in tidying up, putting on shoes, tying shoes, dressing, etc.	1	2	3	4	5
14. Your child would ***never*** be described as a *"bull in a china shop"* (that is, appears so clumsy that he or she might break fragile things in a small room).	1	2	3	4	5
15. Your child does ***not*** *fatigue easily* or appear to slouch and "fall out" of the chair if required to sit for long periods.	1	2	3	4	5

OFFICE USE ONLY

Refer to Scoring Instructions:

Child's Age: _____ Years _____ Months

Overall Score: _____

Possible DCD: Y / N

Referral for Further Screening/Diagnosis and/or Services:

- ☐ Physical or Occupational Therapist: _____
- ☐ Neurologist/Neuropsychologist: _____
- ☐ Other: _____

Notes: _____