

**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.

<b>Name:</b>	<b>Date of Birth:</b>
<b>Completed by:</b>	<b>Date completed:</b>
<b>Address:</b>	
<b>Post Code:</b>	
<b>Tel no. or mobile phone no:</b>	
<b>E-mail:</b>	
<b>Name of School/College/University/workplace:</b>	

**Course being studied/place of employment:**  
.....

**Year of study (e.g. first year)**  
.....

**Are you a:**    **Part-time student?**                       **Full-time student?**

**Are you in receipt of:**  
Disability Student Allowance?                       Disability Living Allowance?

**Have you been diagnosed with any of the following?**

Dyspraxia, Developmental Co-ordination Disorder, Clumsy Child Syndrome

Dyslexia

Attention Deficit Hyperactivity Disorder (ADHD), or ADD

Asperger's Syndrome, Autism Spectrum Disorder

Learning Difficulties, Disabilities

Other

**Who diagnosed you?**..... Don't know

**When were you diagnosed?**.....

### 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have difficulty eating without getting dirty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have difficulty learning to ride a bike compared to your peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have difficulties with playing team games, such as football, volleyball, catching or throwing balls accurately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have difficulty writing neatly (so others could read it)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have difficulty writing as fast as your peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Bump into objects or people, trip over things more than others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have difficulty playing a musical instrument (e.g. violin, recorder)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have difficulties with organising/finding things in your room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have others comment about your lack of coordination or call you clumsy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total</b>				

**Section 2: Do you currently have difficulties with the following items:**

	<b>Never</b>	<b>Sometimes</b>	<b>Frequently</b>	<b>Always</b>
<b>1.</b> Self-care tasks such as shaving or make up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.</b> Eating with a knife and fork/spoon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.</b> Hobbies that require good coordination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.</b> Writing neatly when having to write fast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.</b> Writing as fast as your peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.</b> Reading your own writing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.</b> Copying things down without making mistakes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.</b> Organising/finding things in your room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9.</b> Finding your way around new buildings or places?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10.</b> Have others called you disorganised?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11.</b> Do you have difficulties sitting still or appearing fidgety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12.</b> Do you lose or leave behind possessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13.</b> Would you say that you bump into things, spill or break things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14.</b> Are you slower than others getting up on the morning and getting to work or college?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15.</b> 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16.</b> Do others find it difficult to read your writing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>17.</b> Do you avoid hobbies that require good coordination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>18.</b> Do you choose to spend your leisure time more on your own than with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>19.</b> Do you avoid team games/sports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>20.</b> If you do a sport, is it more likely to be on your own, e.g. going to the gym, than with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Sometimes	Frequently	Always
21. Do you/did you in your teens/twenties avoid going to clubs/dancing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. If you are a driver, do you have difficulty parking a car?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you have difficulty preparing a meal from scratch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Do you have difficulty packing a suitcase to go away?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Do you have difficulty folding clothes to put them away neatly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Do you have difficulty managing money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Do you have difficulties with performing two things at the same time (e.g. driving and listening or taking a telephone message)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Do you have difficulties with distance estimation (e.g. with regard to parking, passing through objects)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Do you have difficulty planning ahead?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Do you feel you are losing attention in certain situations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section two total</b>				
<b>Section one total</b>				
<b>Questionnaire total [section one + section two]</b>				

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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The Dyscovery Centre often conducts research with adults.  
Please let us know if you would like to take part in future projects.

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