## Appendix 1: Questionnaire for parents of children with motor coordination problems

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

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

