

Background Questionnaire Adult

Thank you for downloading and taking the time to fill in this questionnaire. If you have trouble following the instructions, please contact us at careen.learning2succeed@gmail.com or call 0771 747 3048.

Instructions on how to fill in using Adobe Acrobat Reader DC

- 1) When you have downloaded the questionnaire to your PC, open it. It should automatically open in Adobe Acrobat Reader DC if this is installed on your computer.

- 2) Click "All tools":  →  Fill & Sign

- 3) Now you can enter information into the questionnaire.

For entering text, click this button  X ✓ • □ -

then using the mouse cursor, click where you want to enter text and this box will appear:



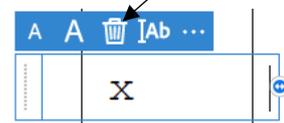
Now enter the text then click Esc on the keyboard when done.

Please note: to fill in a box with text on more than one line, press Enter on the keyboard to start the next line.

- 4) For some parts of the questionnaire with boxes, as seen below, please type an X in the applicable box for each question. Please click the **middle** of the box until the cursor comes up, then type an X

Never	Sometimes	Frequently	Always	Comments...
				

If you make a mistake, don't worry! Simply click the bin button to remove the X



- 5) To navigate to the next page or back to the previous page, click these arrows at the right-hand side of the page. The page number you are currently on will be displayed:



Background Questionnaire Adult



Candidate's Name:		Date of Birth:	
Gender		Age at Assessment:	
Address:		College/Workplace:	
		Course/Job Title:	
Post Code:		Year and Length of Course:	
Phone:			

Please summarise your current situation:

Why have you chosen to have an assessment at this time?

Terms and Conditions.

Please note!!! The assessment will be carried out in two parts both taking place online using Microsoft Teams, or Zoom. Please read all the following:

For the assessment to take place successfully, the following is required:

- A quiet room with no disturbances throughout the duration of the assessment
- A laptop or desktop computer with a webcam, microphone, speakers or headphones, with Microsoft Teams software, and Zoom installed. Please don't use a phone or tablet as the test materials used will not appear at the correct size
- A reliable broadband internet connection

Please be aware that if all of the above are not available, the assessment will not be possible. If during assessment the internet connection becomes unstable, the assessment will need to be terminated.

Background Questionnaire Adult



Family and Medical History

It can be helpful to know about your background and development. Please consider the following questions but leave blank any answers to which you would rather not respond or have no recall. Please send the completed questionnaire to info@learning2succeed.co.uk, with any further information such as previous reports you may have.

1. What ages are your siblings? (If applicable)	
2. Do any siblings have similar difficulties?	
3. Is there any history of reading/spelling/speech difficulties in your close or extended family?	
4. Are you aware of any problems during pregnancy and / or your birth?	
5. How is your general health?	
6. Are you prescribed any medication?	
7. Did you reach your developmental milestones as a toddler? E.g. crawling, sitting, walking, co-ordination, weaning. If not please give details.	
8. Do you recall any childhood accidents / injuries/ operations?	
9. Do you have any hearing difficulties - past or present?	
10. Were you absent from the routine hearing tests at school?	
11. Is English the only language spoken at school or at home?	
12. Is English your first language? If not...	
a. What is your dominant language?	
b. How long have you been learning English?	
c. how long have you been speaking English?	
d. Was your education presented in English?	
e. How long have you resided in an English-speaking country?	
13. Were you late learning to talk?	
14. As a child were there any difficulties with articulation, pronunciation, or word-finding?	
15. Did you receive speech therapy as a child? If yes, when and how long for?	
16. Have you had any previous educational assessments? E.g. educational psychology, speech and language, occupational therapy, or screening tests for SpLD.	

Background Questionnaire Adult



School History

1. At what age did you or your parents suspect there might be a problem?	
2. Are you left or right-handed?	
3. Did you have trouble deciding on a dominant hand?	
4. Describe your early progress with reading/writing/ handwriting/numeracy	
5. What was your experience of revision?	
6. Did you have an educational support or learning plan?	
7. Were there any extended periods of absence from school?	

Exam Results and Arrangements

GCSEs, NVQs, BTEC, A Levels

<u>Subject</u>	<u>Result</u>	<u>Exam Arrangements (if applicable)</u>

Background Questionnaire Adult



Favourite Subjects

Please tell us your **most** and **least** favourite subjects, under the comments section explain what you like and dislike about these subjects:

Subjects	Comments

Background Questionnaire Adult



Section 1: Questions about your Childhood Please mark an X in the appropriate box

Questions	Never	Sometimes	Frequently	Always	Comments...
As a child, did you:					
ADC 1. Have difficulties with self-care tasks, such as tying shoelaces, fastening buttons and zips?					
ADC 2. Have difficulty eating without getting dirty?					
ADC 3. Have difficulty learning to ride a bike compared to your peers?					
ADC 4. Have difficulties with playing team games, such as football, volleyball, catching or throwing balls accurately?					
ADC 5. Have difficulty writing neatly (so others could read it)?					
ADC 6. Have difficulty writing as fast as your peers?					
ADC 7. Bump into objects or people, trip over things more than others?					
ADC 8. Have difficulty playing a musical instrument (e.g. violin, recorder)?					
ADC 9. Have difficulties with organising/finding things in your room?					
ADC 10. Have others comment about your lack of coordination or call you clumsy?					

** The above questions are taken from The Adult Developmental Coordination Disorder/ Dyspraxia Checklist (ADC) for Further and Higher Education (Kirby and Rosenblum, 2008)

Background Questionnaire Adult



Further Questions	Never	Sometimes	Frequently	Always	Comments...
As a child, did you:					
BQ 1. Feel behind in reading compared to those of the same age?					
BQ 2. Memorise stories from the pictures rather than the written text?					
BQ 3. Read slowly or hesitantly?					
BQ 4. Have difficulty keeping on the lines when writing?					
BQ 5. Have difficulty showing maths steps?					
BQ 6. Have trouble remembering the days of the week?					
BQ 7. Have difficulty telling the time?					
BQ 8. Have difficulty understanding time intervals? E.g. 10 minutes or 1 hour					
BQ 9. Write letters, numbers or symbols in the wrong order?					
BQ 10. Find learning new vocabulary hard?					
BQ 11. Struggle to remember new vocabulary from one day to the next?					
BQ 12. Find it difficult to remember the order things have happened through the day?					
BQ 13. Find it hard to recite nursery rhymes?					

Background Questionnaire Adult



Further Questions <i>As a child, did you:</i>	Never	Sometimes	Frequently	Always	Comments...
BQ 14. Get distracted by background noise?					
BQ 15. Have a poor concentration span for reading and writing?					
BQ 16. Find it hard to concentrate in the classroom?					
BQ 17. Find it hard to concentrate at home?					
BQ 18. Struggle to get organised for school? E.g. getting books ready, forget PE kit					
BQ 19. Have difficulty maintaining eye contact?					
BQ 20. Did you have difficulty adjusting to the school environment?					
BQ 21. Have difficulty expressing your feelings?					
BQ 22. Display repetitive behaviours such as tapping, chewing non-food items?					
BQ 23. Undertake self-soothing activities? e.g. rocking					

Background Questionnaire Adult



Section 2: Questions about you Currently Please mark an X in the appropriate box

Questions Do you currently have difficulties with the following items:	Never	Sometimes	Frequently	Always	Comments...
ADC 11. Self-care tasks such as shaving or makeup?					
ADC 12. Eating with a knife and fork/spoon?					
ADC 13. Hobbies that require good coordination?					
ADC 14. Writing neatly when having to write fast?					
ADC 15. Writing as fast as your peers?					
ADC 16. Reading your own writing?					
ADC 17. Copying things down without making mistakes?					
ADC 18. Organising/finding things in your room?					
ADC 19. Finding your way around new buildings or places?					
ADC 20. Have others called you disorganised?					
ADC 21. Do you have difficulties sitting still or appearing fidgety?					
ADC 22. Do you lose or leave behind possessions?					
ADC 23. Would you say that you bump into things, spill or break things?					

Background Questionnaire Adult



Questions Do you currently have difficulties with the following items:	Never	Sometimes	Frequently	Always	Comments...
ADC 24. Are you slower than others getting up in the morning and getting to work or college?					
ADC 25. 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)					
ADC 26. Do others find it difficult to read your writing?					
ADC 27. Do you avoid hobbies that require good coordination?					
ADC 28. Do you choose to spend your leisure time more on your own than with others?					
ADC 29. Do you avoid team games/sports?					
ADC 30. If you do a sport, is it more likely to be on your own, e.g. going to the gym, than with others?					
ADC 31. Do you/did you in your teens/twenties avoid going to clubs/dancing?					
ADC 32. If you are a driver, do you have difficulty parking a car?					

Background Questionnaire Adult



Questions	Never	Sometimes	Frequently	Always	Comments...
Do you currently have difficulties with the following items:					
ADC 33. Do you have difficulty preparing a meal from scratch?					
ADC 34. Do you have difficulty packing a suitcase to go away?					
ADC 35. Do you have difficulty folding clothes to put them away neatly?					
ADC 36. Do you have difficulty managing money?					
ADC 37. Do you have difficulties with performing two things at the same time (e.g. driving and listening or taking a telephone message)?					
ADC 38. Do you have difficulties with distance estimation (e.g. with regard to parking, passing through objects)?					
ADC 39. Do you have difficulty planning ahead?					
ADC 40. Do you feel you are losing attention in certain situations?					

** The above questions are taken from The Adult Developmental Coordination Disorder/ Dyspraxia Checklist (ADC) for Further and Higher Education (Kirby and Rosenblum, 2008)

Background Questionnaire Adult



Further Questions Currently do you:	Never	Sometimes	Frequently	Always	Comments...
BQ 24. Find reading a tiring activity?					
BQ 25. Answer questions well orally but have difficulty writing down the answer?					
BQ 26. Have poor punctuation and grammar?					
BQ 27. Forget to break into paragraphs?					
BQ 28. Need to cross out words when writing?					
BQ 29. Spell a word several ways without recognising the correct version?					
BQ 30. Spell words as they sound?					
BQ 31. Have difficulty reciting the months of the year?					
BQ 32. Have more difficulty reading an analogue clock as opposed to digital?					
BQ 33. Struggle to read a 24-hour clock?					
BQ 34. Struggle to be on time for appointments?					
BQ 35. Struggle to learn a new language?					

Background Questionnaire Adult



Further Questions Currently do you:	Never	Sometimes	Frequently	Always	Comments...
BQ 36. Forget when family birthdays are?					
BQ 37. Find it difficult to remember the order things have happened in a day?					
BQ 38. Use memory strategies such as lists or diary?					
BQ 39. Find it takes you a while to focus on work?					
BQ 40. Have low confidence?					
BQ 41. Find it hard to follow a conversation?					
BQ 42. Sometimes say things back to front or muddle syllables? E.g. par cark					
BQ 43. Struggle to understand similes, metaphors or verbal puns? E.g. as white as snow, he had a heart of stone					
BQ 44. Find it hard to understand jokes?					
BQ 45. Have difficulty organising your daily life?					
BQ 46. Find yourself getting frustrated with simple tasks?					
BQ 47. Have difficulty meeting deadlines?					

Background Questionnaire Adult



Adult Checklist	Rarely	Occasionally	Often	Most of the time	Comments...
BDA 1. Do you confuse visually similar words such as cat and cot?					
BDA 2. Do you lose your place or miss out lines when reading?					
BDA 3. Do you confuse the names of objects, for example table for chair?					
BDA 4. Do you have trouble telling left from right?					
BDA 5. Is map reading or finding your way to a strange place confusing?					
BDA 6. Do you re-read paragraphs to understand them?					
BDA 7. Do you get confused when given several instructions at once?					
BDA 8. Do you make mistakes when taking down telephone messages?					
BDA 9. Do you find it difficult to find the right word to say?					
BDA 10. How often do you think of creative solutions to problems?					
	Easy	Challenging	Difficult	Very Difficult	Comments...
BDA 11. How easy do you find it to sound out words such as e-le-phant?					
BDA 12. When writing, do you find it difficult to organise thoughts on paper?					
BDA 13. Did you learn your multiplication tables easily?					
BDA 14. How easy do you find it to recite the alphabet?					
BDA 15. How hard do you find it to read aloud?					

** The above questions are taken from the BDA Adult Checklist Copyright Ian Smythe and John Everatt, 2001

Background Questionnaire Adult



Visual History Questionnaire

The following questions provide information on visual history, which helps in putting any reports of current visual difficulties into context.

QUESTIONS	RESPONSES	NOTES
<p>1. Have you been prescribed and advised to wear any optical prescription lenses (i.e. glasses or contact lenses)? if YES then :</p> <p>1a. Are these required for distance vision (e.g. television), near vision (e.g. reading), or both?</p> <p>1b. Do you wear your glasses / contact lenses as advised?</p> <p>1c. Do you have your glasses / contact lenses with you today?</p>	<p>(Y/N)</p> <p>(Dist / Near / Both)</p> <p>(Y/N)</p> <p>(Y/N)</p>	<p>If correction prescribed and normally worn for near work, then it should be worn for SpLD assessment</p>
<p>2. How long ago was your last sight-test or eye test by an optometrist ("optician") — less than two years ago, more than two years, NEVER)?</p>		
<p>3. Have you ever used coloured overlays or precision-tinted lenses? if YES then :</p> <p>3a. Who recommended and provided these?</p> <p>3b. Why were they recommended?</p> <p>3c. Did they help? — if YES, in what way?</p> <p>3d. Do you still use them? — if NO, why not?</p>	<p>(Y/N)</p>	
<p>4. Have you ever had hospital treatment for a problem with your eyes or vision? for example ... — wearing a patch for a 'lazy eye' (amblyopia)? or — wearing glasses or having exercises to help correct a 'turn' in your eye (squint)? or — any other condition?</p>	<p>(Y/N)</p> <p>(if Y, please comment here)</p>	

Background Questionnaire Adult



Visual Difficulties Questionnaire (VDQ)

The VDQ requests simple yes/no answers to a few questions about symptoms and signs involving FEEL (visual discomfort, Q1-3), SEE (visual disturbance Q4-7), DO (behaviour Q8-9), and one general question (10) about any other experience. Please mark an X in the appropriate column for each question.

QUESTIONS NB: The emphasis on the word often in questions 1-9, which is deliberately intended to identify when a symptom occurs frequently. Therefore, the individual should be advised to answer NO if reported symptoms would be considered infrequent (e.g. rarely, occasionally, sometimes, <2-3 times per month).	NO: this does not happen often	YES: this does happen often
<u>Questions about symptoms and signs involving “FEEL” (visual discomfort)</u>		
1. Do you often get headaches when you read or study?		
2. Do your eyes often feel sore, or gritty, or watery?		
3. Does reading from white paper or from a bright screen often feel uncomfortable?		
<u>Questions about symptoms and signs involving “SEE” (visual disturbance)</u>		
4. Does print often appear blurred, or go in and out of focus, when you are reading?		
5. Does the print, or book, or screen, often appear double when you are reading?		
6. Do words often seem to move or merge together when you are reading?		
7. Do objects in the distance often appear more blurred after you have been reading?		

Background Questionnaire Adult



QUESTIONS NB: The emphasis on the word often in questions 1-9, which is deliberately intended to identify when a symptom occurs frequently. Therefore, the individual should be advised to answer NO if reported symptoms would be considered infrequent (e.g. rarely, occasionally, sometimes, <2-3 times per month).	NO: this does not happen often	YES: this does happen often
<u>Questions about symptoms and signs involving “DO” (visual behaviour)</u>		
8. Do you often have to screw up your eyes to see more clearly when you are reading?		
9. Do you often move your eyes around or blink to make things clearer or more comfortable when you are reading?		
<u>General question</u>		
10. Do you experience any other problems with your vision that interfere with your ability to read or study? If YES then describe:		

** The above questions are taken from the SASC Visual Difficulties Screening Protocol June 2025

Background Questionnaire Adult



Employment History

Please summarise your employment history. How have your difficulties affected you at work?

Activities

Please give named examples of activities that you enjoy

Creative e.g.	Active e.g.
Sporting e.g.	TV e.g.
Computers e.g.	Artistic e.g.
Musical e.g.	Social e.g.
Practical e.g.	
Do you have any hobbies or belong to any clubs?	

Background Questionnaire Adult



Please read the declarations below carefully before signing and dating it. Assessment data and any resulting reports will be stored securely for 6 years. This is for Learning2Succeed to fulfil its legal obligations and for auditing purposes. For further information please refer to the Learning2Succeed Privacy Policy on the website by going to this web address: <https://www.learning2succeed.co.uk/terms-conditions>

The information I have given on this form is complete and accurate to the best of my knowledge and belief.

There may be personal information that you have shared with us in this questionnaire, to assist in the diagnostic process, but that you would prefer not to be included in the report. Please mark this part with a * and then bring it to our attention.

I consent to personal data being entered onto the Riverside Insights Online Platform. To view the Riverside Insights Privacy Policy with regards to how they store your data, go to this link: https://info.riversideinsights.com/privacy-assessment_policy

I consent to personal data being stored electronically by Learning2Succeed. I understand that this information will not be shared with any third party unless I have given my explicit consent.

If the report is funded by a third party e.g. parents, Access to Learning Fund or Workplace, I give my consent for the final report to be shared with the funding body of this assessment.

I agree to allow Learning2Succeed to retain my details for the purpose of sending occasional business updates. Learning2Succeed will not share your information with a third party.

By printing my name below, I consent for the information I have given to be used in the final report.

NB: Sign your name by choosing “Add signature” from the left of the page. Now you can type your name. Click “Apply”. Now click in the Name box to insert your name.

Name:	Date:
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