



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":  Then click "Fill and Sign"  Fill & Sign

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

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

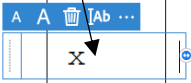
then using the mouse cursor, click where you want to enter text and this box will appear:



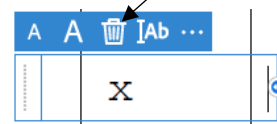
Now enter the text then click Esc on the keyboard when done.

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

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Background Questionnaire Adult

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

Questions <i>As a child, did you:</i>	Never	Sometimes	Frequently	Always	Comments...
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	Never	Sometimes	Frequently	Always	Comments...
Do you currently have difficulties with the following items:					
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 Do you currently have difficulties with the following items:	Never	Sometimes	Frequently	Always	Comments...
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

<u>Questions on eye and vision history</u>		Comments and notes...
1. Have you any history of visual difficulties / problems with sight / visual impairment?		
1. When did you last have a sight-test by an optometrist ("optician")? (Please note, for a valid dyslexia assessment, an eye test needs to have been conducted within the last two years)		
3. Was any prescription made? YES / NO If YES , were you advised to wear the prescription glasses/contact lenses for distance (e.g. for watching television or for driving) or near (e.g. for reading) or both ? If YES , do you wear the prescribed glasses / contact lenses? YES / NO If NO , why not?		
4. If YES , do you have the prescribed glasses/contact lenses with you today? YES / NO		Prescribed glasses/contact lenses should be worn for a SpLD assessment, unless intended for distance use only.
5. Have you ever used colored overlays / colour-tinted glasses? YES / NO If YES , Who advised and provided them? Why were they recommended? Did they help? If YES , in what way? Do you still use them? If not, why not?		
<u>Questions on reading / near work activity</u>		
6. Approximately how many hours per working/study day do you spend at a screen (phone, tablet, computer) etc?		
7. Approximately how many additional hours per working /study day do you spend reading books, newspapers, comics or other paper-based texts?		
8. Has your screen /reading /near work time increased recently? If so, by how much?		

Background Questionnaire Adult

Visual Difficulties Questionnaire (post - 16 years)*	Never	Rarely	Sometimes	Often	Always	Comments...
VS 1. Do you get headaches when you read?						
VS 2. Does reading make your eyes feel sore, gritty or watery?						
VS 3. Does reading make you feel tired or sleepy?						
VS 4. Do you become restless or fidgety or distracted when reading?						
VS 5. Do you become less comfortable the longer you read?						
VS 6. Do you prefer dim light to brighter light for reading?						
VS 7. Does reading from white paper seem too bright or glaring?						
VS 8. Do parts of the white page between the words form patterns when you read?						
VS 9. Does the print or background shimmer or appear colored as you read?						
VS 10. Does print appear to jitter or move on the page as you read?						
VS 11. Do you screw your eyes up when reading?						
VS 12. Do you rub your eyes to relieve the strain when you are reading?						
VS 13. Do you move your eyes around or blink to keep text clear when you are reading?						
VS 14. Do you use a marker or your finger to stop you losing the place when you read?						

Background Questionnaire Adult

Further Questions	Never	Rarely	Sometimes	Often	Always	Comments...
VS 15. Do you cover or close one eye when reading?						
VS 16. Do you lose your place when reading?						
VS 17. Do you re-read or skip words or lines when reading?						
VS 18. Does text appear blurred, or go in and out of focus, when you read?						
VS 19. Do objects in the distance appear more blurred after you have been reading?						
VS 20. Do the words, page or book appear double when you are reading?						

*NB Response categories for this protocol: **Always** = every day, **Often** = several times a week but not necessarily every day, **Sometimes** = 2-3 times a month. **Rarely** = only once every few months / a year.

** The above questions are taken from the Visual Difficulties Screening Protocol V.2. 2019: adults

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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