

## Motor Skills History Form

This form asks questions about your childhood, adolescent, and current motor abilities. If you are not sure how to answer a question, please give your **best guess**.

### Section A: Motor Abilities

For the first set of questions, rate your childhood and adolescent abilities compared to other children who were in your age group. When answering the questions, think back to times when you played on the playground, participated in gym class, played with neighborhood friends, or played team sports.

Please use the rating scale given below. To mark each answer, **circle a number** from 1 to 5. Make sure to **give an answer for each of the 2 periods of time** (childhood and adolescence).

#### **Rating Scale:**

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	<b>Far below average abilities</b>	<b>Somewhat below average</b>	<b>Average</b>	<b>Somewhat above average</b>	<b>Excellent abilities</b>

Type of Ability	Childhood (Age 5-12)	Adolescence (Age 13-18)
1. Overall athletic ability:	1 2 3 4 5	1 2 3 4 5
2. Ability to ride a bicycle:	1 2 3 4 5	1 2 3 4 5
3. Ability to run quickly in a race:	1 2 3 4 5	1 2 3 4 5
4. Ability to hit a ball with a bat, paddle, or racket:	1 2 3 4 5	1 2 3 4 5
5. Ability to throw and catch balls:	1 2 3 4 5	1 2 3 4 5
6. Ability to kick a rolling ball:	1 2 3 4 5	1 2 3 4 5
7. Ability to play team sports: (examples: volleyball, baseball, football, soccer, basketball)	1 2 3 4 5	1 2 3 4 5
8. Ability to go up stairs quickly:	1 2 3 4 5	1 2 3 4 5
9. Ability to balance when walking on a balance beam, street curb, fallen log, or other narrow object:	1 2 3 4 5	1 2 3 4 5
10. Ability to keep your balance when walking on uneven surfaces, standing on one foot, or hopping:	1 2 3 4 5	1 2 3 4 5
11. Ability to keep from falling to the ground after tripping on something:	1 2 3 4 5	1 2 3 4 5
12. Ability to write neatly:	1 2 3 4 5	1 2 3 4 5
13. Ability to hold a pencil or pen correctly when writing:	1 2 3 4 5	1 2 3 4 5
14. Other fine motor skills: (examples: cutting paper, tying shoelaces or knots, building with small blocks, putting beads on a string, building small models.)	1 2 3 4 5	1 2 3 4 5

## **Section B: Motor Consequences**

**The next set of questions is about the entire child and adolescent period. When you answer these questions, think about the entire time period from age 5 to age 18.**

- 1. How often did you wish you did not have to go to physical education or gym class because of poor physical abilities?**

\_\_\_(1) Always  
\_\_\_(2) Often  
\_\_\_(3) Sometimes  
\_\_\_(4) Rarely  
\_\_\_(5) Never

- 2. How often did you get teased about poor physical abilities?**

\_\_\_(1) Always  
\_\_\_(2) Often  
\_\_\_(3) Sometimes  
\_\_\_(4) Rarely  
\_\_\_(5) Never

- 3. How often did you fall, bump into things, or have other accidents due to clumsiness?**

\_\_\_(1) Always  
\_\_\_(2) Often  
\_\_\_(3) Sometimes  
\_\_\_(4) Rarely  
\_\_\_(5) Never

- 4. At what age (in years) did you learn to ride a bicycle without training wheels?**

\_\_\_(1) Never learned to ride a bike without training wheels.  
\_\_\_(2) 11 years or older.  
\_\_\_(3) 8 to 10 years.  
\_\_\_(4) 5 to 7 years.  
\_\_\_(5) Before age 5.

- 5. If children were picking teammates for a competitive sports game, when did you get picked?**

\_\_\_(1) Last  
\_\_\_(2) Near the end  
\_\_\_(3) Somewhere near the middle  
\_\_\_(4) Near the beginning  
\_\_\_(5) First

6. Did you participate in sports outside of school?..... Yes No

7. Did you participate in extracurricular sports through the school?.. Yes No

8. Describe your school and non-school sports activities and your age at participation:

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9. Did you have physical or occupational therapy during childhood or adolescence?..... Yes No

9a. If you had physical or occupational therapy, describe the **reason** for the therapy, the **age** when you had the therapy, and the **type of therapy** you had:

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### Section C: Current Motor Functioning

The next 4 questions are about your current abilities.

1. Have you learned to drive a car?.....Yes No

2. How much trouble did you have in learning to drive a car?

\_\_\_ (0) Never tried to learn

\_\_\_ (1) Had a lot of trouble learning

\_\_\_ (2) Had a little trouble learning

\_\_\_ (3) Had no more trouble learning than the average person

\_\_\_ (4) Had less trouble than the Average person

\_\_\_ (5) Had no trouble at all—It was easy.

3. How are your current athletic abilities?

\_\_\_ (1) Far below average abilities

\_\_\_ (2) Somewhat below average

\_\_\_ (3) Average

\_\_\_ (4) Somewhat above average

\_\_\_ (5) Excellent abilities

4. **If friends asked you to play a team sports game for fun now, and you had the time to do it, would you agree to play?**

- \_\_\_(1) Definitely would not play
- \_\_\_(2) Probably would not play
- \_\_\_(3) Don't know, or neutral
- \_\_\_(4) Probably would play
- \_\_\_(5) Definitely would play

**Section D:**

1. **As a child or adolescent, did you have a **diagnosed neurological disorder** or any other **medical disorder** that may have affected your **motor skills** or **athletic ability**?..... Yes No**

**If so, please describe the disorder you had:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Do you **currently** have a **diagnosed neurological disorder** or any other **medical disorder** that may affect your **motor skills** or **athletic ability**?..... Yes No**

**If so, please describe the disorder:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What is your sex?.....Male Female

4. What is your current age (in years)?\_\_\_\_\_

5. Today's date:\_\_\_\_\_