THE DEVELOPMENTAL COORDINATION DISORDER QUESTIONNAIRE 2007 (DCDQ'07)

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March 2012

We gratefully acknowledge the financial support of the Alberta Children's Hospital Foundation and the Alberta Center for Child, Family and Community Research

Wilson, B.N., Crawford, S.G., Green, D., Roberts, G., Aylott, A., & Kaplan, B. (2009). Psychometric Properties of the Revised Developmental Coordination Disorder Questionnaire. *Physical & Occupational Therapy in Pediatrics*, 29(2):182-202.

	Cod	ORDINATION QUI	ESTIONNAIRE (RE	EVISED 2007)	Year	Mon	Day
Name of Child:				Today's Date:			
Perso	n completing Questionn	aire:		Child's Birth:			
Relati	Relationship to child: Child's Age						
hands A child you to child. Please answe Circle numbe If you	of the motor skills that the control of the motor skills that the condition of the condition of the compare the degree of the control of the conditions. The conditions of the	ove each year as you think about of f coordination you describes your court response twice.	they grow and dether children that our child has with hild. If you changetion, or about he	velop. For this rea you know who <u>are</u> n other children o ge your answer an ow you would ans	ason, it was the same of the same of the same of want same of the	will be e <u>me age</u> ame age to circle	easier fo eas you ge wher anothe
	Not at all like your child 1	A bit like your child 2	Moderately like your child 3	Quite a bit like your child 4		remely your ld	
1.	Your child <i>throws a ball</i> in	n a controlled and a	ccurate fashion.				
	1	2	3	4	5		
2.	Your child <i>catches</i> a sma meters).	ıll ball (e.g., tennis	ball size) thrown	from a distance of	f 6 to 8 feet (1.8 to 2.4		
	1	2	3	4	5		
3.	Your child hits an approach	thing ball or birdie	with a bat or racque	t accurately.			
	1	2	3	4	5		
4.	Your child jumps easily or	ver obstacles found	in garden or play er	vironment.			
	1	2	3	4	5		
5.	Your child runs as fast and	d in a <i>similar</i> way to	o other children of the	he same gender and	age.		
	1	2	3	4	5		
6.	If your child has a <i>plan</i> to effectively complete the equipment, building a hou	task (e.g., buildir	ng a cardboard or	cushion "fort," m			
	1	2	3	4	5	(OVER)

	Not at all like your child 1	A bit like your child 2	Moderately like your child 3	Quite a bit like your child 4	Extremely like your child 5	
7.	Your child's printing or wathe class.	riting or drawing ir	n class is fast enoug	h to keep up with th	e rest of the children in	
	1	2	3	4	5	
8.	Your child's printing or <i>w</i> is not yet printing, he or recognize.					
	1	2	3	4	5	
9.	Your child uses appropriat tightness of grasp on the p				excessive <i>pressure</i> or	
	1	2	3	4	5	
10.	Your child cuts out picture	es and shapes accur	ately and easily.			
	1	2	3	4	5	
11.	Your child is interested in	and likes participat	ing in sports or acti	ive games requiring	good motor skills.	
	1	2	3	4	5	
12.	Your child learns <i>new motor tasks</i> (e.g., swimming, rollerblading) easily and does not require more practice or time than other children to achieve the same level of skill.					
	1	2	3	4	5	
13.	Your child is quick and co	mpetent in tidying	up, putting on shoes	s, tying shoes, dress	ing, etc.	
	1	2	3	4	5	
14.	Your child would <i>never</i> be clumsy that he or she migh	e described as a "but break fragile thin	ull in a china shop" gs in a small room)	(that is, appears so		
	1	2	3	4	5	
15.	Your child does <i>not</i> fatigue periods.	ue easily or appear	to slouch and "fall	out" of the chair if	required to sit for long	
	1	2	3	4	5 Thank you.	

COORDINATION QUESTIONNAIRE (DCDQ'07): Score Sheet

Name:			Date:		
Birth Date:			Age:		
	Control During Movement	Fine Motor/ Handwriting	General Coordi	nation	
1. Throws ball					
2. Catches ball					
3. Hits ball/birdie					
4. Jumps over					
5. Runs					
6. Plans activity					
7. Writing fast					
8. Writing legibly					
9. Effort and pressure					
10. Cuts					
11. Likes sports					
12. Learning new skills					
13. Quick and competent					
14. "Bull in shop"					
15. Does not fatigue					
TOTAL	/ 30 + Control during Movement	Fine Motor/ Handwriting	+ /25 General Coordination	= <u>/ 7</u> TOTAL	
For Children Ages 5 year 15-46 indication 47-75 probably n	of DCD or suspect DC				

For Children Ages 8 years 0 months to 9 years 11 months

15-55 indication of DCD or suspect DCD

56-75 probably not DCD

For Children Ages 10 years 0 months to 15 years

15-57 indication of DCD or suspect DCD

58-75 probably not DCD

Administration and Interpretation of the DCDQ'07

Overview

The *Developmental Coordination Questionnaire* (*DCDQ*) is a parent report measure developed to assist in the identification of Developmental Coordination Disorder (DCD) in children. Parents are asked to compare their child's motor performance to that of his/her peers using a 5 point Likert scale. It provides a standard method to measure a child's coordination in everyday, functional activities. As reported in 2000¹, the internal consistency of the DCDQ is high and the results from discriminant function analyses were appropriately strong for a screening tool.

Developmental Coordination Disorder is a DSM-IV² diagnosis. An indication of DCD based on the score of the DCDQ fulfills the requirement for Criterion B of this diagnosis. However, the questionnaire cannot be used alone for this purpose. Diagnosis must be made based on the results of several reports and tests. The questionnaire is labeled "The Coordination Questionnaire" to avoid parents becoming concerned that a medical condition is being diagnosed.

The *DCDQ* '07 presented here is considered to have stronger psychometric properties than the 2000 version because it was developed with a population-based sample and has a larger age range³. The research took place between 2004 and 2006, involving 287 typically developing children, as well as 232 children who were reported to have motor coordination difficulties or who were more likely to have DCD. This revised version is appropriate for use with children ages 5 to 15.

The *DCDQ'07* consists of 15 items, which group into three distinct factors. The first factor contains a number of items related to motor control while the child was moving, or while an object was in motion, and is labelled "Control during Movement". The second factor contains "Fine Motor and Handwriting" items and the third factor relates to "General Coordination". These factor scores alone do not provide an indication of whether the child may have DCD. However, when the scores of each of the factors are examined relative to the scores of the other factors and are then compared with formal and informal assessment results, support for the identification of particular motor strengths and challenges a child is experiencing may be provided.

Prior to Administration

Before copying for clinical or research use, it is recommended that a name and phone number be written into the space on the first page so that parents can call if they have questions about the meaning of an item. This contact person should be knowledgeable about the condition of DCD, or know who to refer the question to if questions of this nature arise. The validity of the results will be increased if parents have the opportunity to clarify the intent of an item.

It is recommended that the 2 page questionnaire be <u>copied double sided</u>. The Score Sheet <u>on the 4th page should be kept separate</u> from the questionnaire itself. It is not recommended that parents be given the Score Sheet.

Respondents

This questionnaire was developed for parents, as parents know their children the best and can reliably report developmental problems. In addition, only the data from parent report was used to develop the scoring system. This DCDQ is therefore intended to be used with parents. However, some clinicians and researchers are experimenting with having both parents (or one parent and the child's primary teacher) complete it. Sometimes two or more respondents have completed the questionnaire separately, but in other situations they have conversed while completing one form. Subjectively, the results appear to be satisfactory but no one has yet studied this approach.

When the perspective of two adults gives a more complete or more accurate evaluation of the child's motor performance, this practice is likely to increase the validity of the score. However, it must be remembered that the scores were developed solely on parent response, so if the respondents have divergent opinions on the child's performance, or if the two forms have very different scores, the parent's score should be the one reported. The fact that others who know the child score the items differently can be noted, but it would be inappropriate to use the score of a teacher or coach alone (for example) in interpreting the results of the DCDQ.

Time to Complete

The DCDQ usually takes parents about 10-15 minutes to complete. As much as possible, arrange for the parent completing the questionnaire to do so in a non-distracting environment.

Administration - Written or Verbal

The DCDQ was designed to be self-administered by parents. In the reference sample of the development of the original DCDQ, however, parents were given the choice of completing a paper version of the questionnaire independently or of completing it over the phone while reading a paper copy along with the interviewer. In the study for the revised DCDQ'07, most parents completed a paper copy independently but a small proportion completed it with an occupational therapist following administration of the standardized motor tests. Either method of completion is acceptable.

Missing Items

When the questionnaire is completed or returned, review it for missed items or items where more than one item is circled. Ask the parent who completed it for clarification. **Note:** a total score can only be calculated if <u>all items are scored</u>. Missing one score will prevent you from obtaining a total score and having an indication of DCD or not.

If the parent does not know how to grade an item, or has not seen their child in a particular activity, ask them if there is anyone else who would know (e.g., the other parent, a caregiver, a teacher or a coach). You may inquire if the parent can make arrangements to ask that person, or if they will give you permission to do so.

Computing the Chronological Age

Enter the date that the DCDQ was completed and the child's Date of Birth (D.O.B.) on the first page of the questionnaire. Compute the chronological age by subtracting (first) the days, then the month and finally the year of birth. For example, if the questionnaire was completed on March 21, 2007, and the child was born on February 2, 2000, the child's chronological age would be calculated as shown in the first table:

	Yr	Mon	Day
DCDQ completion	2007	03	21
Child's D.O.B.	2000	02	02
Chronological age	7 yrs	1 mon	19 day

	Year	Month	Day
DCDQ completion	2007 2006	14 02 03	51 21
Child's D.O.B.	2000	06	28
Chronological age	6 years	8 month	23 days

If the day of the month in which the child was born is larger than the day of the month of questionnaire completion, add 30 days to the day of testing and subtract one month from the month of testing. Similarly, if necessary, a month of testing can be borrowed by adding 12 months to the month of testing and subtracting one year from the testing year, as shown above in the table on the right.

Computing a Total Score

<u>Re-enter</u> the numbers circled for all items of the questionnaire onto the Score Sheet (4th page).

Total each column to compute the 3 <u>Factor Scores</u>, and add all Factor Scores to compute a <u>Total Score</u>. *Double check your addition*.

Interpretation of Scores on the DCDQ

Using the child's chronological age at the time the questionnaire was completed, find the appropriate age grouping on the left column of the table below. Scan across that row to find the range of scores which the child's score falls within. This range will indicate whether the child's score is an "Indication of, or Suspect for, DCD", or "Probably not DCD".

Age Group	Indication of, or Suspect for, DCD	Probably not DCD
5 years <i>to</i> 7 years 11 months	15 - 46	47 - 75
8 years 0 months <i>to</i> 9 years 11 months	15 - 55	56 - 75
10 years 0 months <i>to</i> 15 years	15 - 57	58 - 75

Reporting of DCDQ`07 results

As outlined above, the DCDQ cannot be used alone to identify DCD. When using the questionnaire in a verbal or written report about a child, the terms ``indication of possible DCD``, ``suspect for DCD``, or ``probably not DCD`` should be used, as this test alone cannot be used to diagnose DCD.

Sensitivity and Specificity

It is sometimes desirable, especially when a diagnosis is not clear, to report the sensitivity and specificity of the test scores. The most accurate predictive values of the DCDQ`07 are reported in the table below according to the different age ranges. If overall values for the questionnaire are required, however, the overall sensitivity is 84.6% and the specificity is 70.8%.

Age Group	Sensitivity and Specificity
5 years <i>to</i>	Sensitivity=75.0%
7 years 11 months	Specificity=71.4%
8 years 0 months <i>to</i>	Sensitivity=88.6%
9 years 11 months	Specificity=66.7%
10 years 0 months <i>to</i>	Sensitivity=88.5%
15 years	Specificity=75.6%

The purpose of a screening instrument is to identify whether a child has a particular condition. Rarely is a screening tool alone 100% accurate in identifying all children with a condition while at the same time not falsely identifying any children who do not. When evaluating a screening tool such as the DCDQ`07, the degree of accuracy in identifying children with possible DCD (sensitivity) must be compared to the accuracy in correctly identifying children who do not have the condition (specificity). This "trade off" is common to all diagnostic tests because when one of these predictive values increases, the other decreases. By design, the DCDQ'07 is most accurate in identifying children who may have DCD. It may identify children who do not have the condition, but further motor testing should reveal whether DCD is indeed present.

References

- 1. Wilson BN, Kaplan BJ, Crawford SG, Campbell A, Dewey D. (2000) Reliability and validity of a parent questionnaire on childhood motor skills. *Am J Occup Ther* **54(5)**: 484-493.
- 2. American Psychiatric Association (2000) *DSM-IV-TR. Diagnostic and Statistical Manual of Mental Disorders*, 4th Ed. text revision. American Psychiatric Association, Washington, DC, USA.
- 3. Wilson, B.N., Crawford, S.G., Green, D., Roberts, G., Aylott, A., & Kaplan, B. (2009). Psychometric Properties of the Revised Developmental Coordination Disorder Questionnaire. *Physical & Occupational Therapy in Pediatrics*, 29(2):182-202.