



ADULT QUESTIONNAIRE

NAME: _____

DATE: _____

DOB: _____

AGE: _____

DIAGNOSIS (IF ANY): _____

What is your main reason for seeking an occupational therapy evaluation? _____

Have you had occupational therapy in the past? _____

If so, when and for what reason? _____

Are you continuing to use any strategies recommended during past therapy? If so, what?

Do you have difficulty with:

- | | | | |
|-------------------------|--------------------------|-------------------------|--------------------------|
| Reading | <input type="checkbox"/> | Organizing work | <input type="checkbox"/> |
| Math | <input type="checkbox"/> | Finishing tasks | <input type="checkbox"/> |
| Spelling | <input type="checkbox"/> | Following directions | <input type="checkbox"/> |
| Restlessness | <input type="checkbox"/> | Remembering information | <input type="checkbox"/> |
| Sleep | <input type="checkbox"/> | Attention span | <input type="checkbox"/> |
| Handwriting or keyboard | <input type="checkbox"/> | | |

How concerned are you about the above checked problems? Check one.

___ Not concerned ___ Slightly ___ Moderately ___ Very concerned

Dominant hand _____ Glasses? _____

CHECK THE BOX THAT BEST DESCRIBES FREQUENCY OF THE FOLLOWING BEHAVIORS:

UNDERLINE SPECIFIC PROBLEMS STAR (*) PROMINENT DIFFICULTIES.

Do you exhibit the following behaviors?	Fre- quently	Some- times	Never	Comments
GROSS MOTOR				
1. Tire easily with physical activity				
2. Have difficulty sitting in a class or meeting				
3. Appear stiff and awkward in movements				
4. Feel clumsy not knowing how to move your body or bumping into things				
5. Have difficulty learning new motor tasks that have several steps like exercise steps or dance				
6. Take a long time to do motor tasks like dressing, cleaning house, etc.				
7. Reluctant to participate in sports or physical activity; prefer sedentary activities				
FINE MOTOR				
1. Poor desk posture (slump, lean on arm, head too close to work)				
2. Difficulty with fasteners, clasps on jewelry, ties, door locks				
3. Poor pencil grasp hand fatigues easily				
4. Difficulty with keyboarding				
5. Have difficulty finding objects in your pocket or purse without looking				
6. Tend to break things				
MOVEMENT & BALANCE				
1. Fearful or anxious when moving through space (riding elevators, escalators)				
2. Avoid activities that challenge balance; poor balance in motor activities				
3. Difficulty or hesitant while				

climbing or descending stairs				
4. Seem to fall frequently				
5. Get nauseated or vomit from some movement experiences (e.g. swings, spinning, rotation, car rides)				
VISUAL PERCEPTION				
1. Difficulty following traffic signs while driving				
2. Difficulty completing puzzles; use trial and error placement of pieces				
3. Get lost easily in new or even familiar places				
4. Difficulty coordinating eyes for following a moving object or keeping place in reading				
EMOTIONAL				
1. Do not easily accept changes, prefer sameness and routine				
2. Become easily frustrated				
3. Difficulty getting along with others				
4. Apt to be impulsive, unaware of danger, accident-prone				
5. Have panic attacks or anxiety				
6. Have marked mood variations, tendency to feel anger or rage				
7. Tend to withdraw from groups, stay on the outskirts				
8. Uncomfortable with eye contact when talking				

What are your preferred leisure activities? _____

Do you participate in sports or fitness related activities? _____

List: _____

Any other information that might be helpful to share? _____

Signature

Date