

Name : _____

Date : _____

MOTOR CONTROL ABILITIES QUESTIONNAIRE

Below are statements and questions relating to your coordination.

Please answer all questions in the space provided by using a check mark (√). Do not write comments.

		Never	Seldom	Sometime	Often	Very often
1	I experience shortness of breath					
2	My breathing gets rapid					
3	My chest feels tight or painful					
4	I have difficulty taking a deep breath					
5	My whole body feels tense and stressful					
6	I feel as though my heart is pounding or fluttering					
7	I have problems locating something when it is surrounded by a lot of other things (Shelf, road sign)					
8	When I am walking along, I have trouble noticing things off to the side					
9	I have problems judging how far or close things are to me					
10	I have trouble with vision in one eye (even after correction with glasses or lenses)					
11	I have problems with activities in which I have to change to the left or right (walking and suddenly changing direction, step aerobics, skating, skiing or dancing)					
12	I experience double vision, blurred vision					
13	I have trouble hearing out of one of my ears					
14	I need to have directions repeated when people tell them to me					
15	Do you have to concentrate a lot to understand what you hear?					
16	I cannot do work or physical activities that might make my pain worse					
17	There is nothing I can do to reduce the intensity of the pain					
18	I worry all the time about whether the pain will end					
19	I can't seem to keep the pain out of my mind					
20	I confuse left and right easily					
21	I have poor eye-hand coordination					
22	I feel clumsy and have poor coordination					
23	I have trouble staying still or fidget when I do stay still					
24	I can stand on one leg without any problems or concerns					
25	I feel uncomfortable in large crowds or while driving in heavy traffic					
26	I have trouble planning in what order to do a series of tasks or activities					
27	I have problems completing familiar tasks and get muddled in doing so (finding things in the house or paying bills)					
28	I have problems making decisions about thing or delay doing things that require a lot of thought					

		Never	Seldom	Sometime	Often	Very often
29	Do you find yourself having to go back and re-read paragraphs that you just read?					
30	Do you find it difficult to remember the sense of what you have just read?					
31	Do you have difficulty reading aloud?					
32	Do you find difficulty working with numbers?					
33	Do you lack self-confidence about you ability to spell words?					
34	Do you mix up letters like b and d?					
35	Do you have trouble expressing your thought or explaining things to people					
36	Do you get confused with following instructions or directions (like reading a map or reading forms)?					
37	Do you notice that you have problems with your memory?					
38	Do you feel like your mind feels foggy or spaced out?					
39	My mind gets so cluttered that it is hard for it to function					
40	Do you have difficulty concentrating on what people are saying in groups or when they are speaking to you directly?					
41	Is paying attention or staying "tuned in" a problem for you?					
42	I have problems carrying out activities that require a lot of visual attention and concentration					
43	I have trouble sleeping					
44	I wake up feeling fresh and rested					
45	I feel tired, worn out, exhausted or do not have any energy					
46	Fatigue have interfered with my work, home or social life					
47	Changing directions quickly makes me feel unsteady and dizzy					
48	Moving my head slowly or quickly from side to side makes me feel unsteady or dizzy					
49	Looking up at the sky or down makes me feel dizzy					
50	I feel confident with my balance when going down the stairs or in escalators					