

Name: _____

Amen Clinic Learning Disability Screening Questionnaire

Please rate yourself on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have another person (such as a spouse, partner or parent) rate you as well. List other person _____

0	1	2	3	4	NA
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable/Not Known

Other Self

Reading

- _____ 1. I am a poor reader.
- _____ 2. I do not like reading.
- _____ 3. I make mistakes when reading like skipping words or lines.
- _____ 4. I read the same line twice.
- _____ 5. I have problems remembering what I read even though I have read all the words.
- _____ 6. I reverse letters when I read (such as b/d, p/q).
- _____ 7. I switch letters in words when reading (such as god and dog).
- _____ 8. My eyes hurt or water when I read.
- _____ 9. Words tend to blur when I read.
- _____ 10. Words tend to move around the page when I read.
- _____ 11. When reading I have difficulty understanding the main idea or identifying important details.

Writing

- _____ 12. I have "messy" handwriting.
- _____ 13. My work tends to be messy.
- _____ 14. I prefer print rather than writing in cursive.
- _____ 15. My letters run into each other or there is no space between words.
- _____ 16. I have trouble staying within lines.
- _____ 17. I have problems with grammar or punctuation.
- _____ 18. I am a poor speller.
- _____ 19. I have trouble copying off the board or from a page in a book.
- _____ 20. I have trouble getting thoughts from my brain to the paper.
- _____ 21. I can tell a story but cannot write it.

Body Awareness/ Spatial Relationships

- _____ 22. I have trouble with knowing my left from my right.
- _____ 23. I have trouble keeping things within columns or coloring within lines.
- _____ 24. I tend to be clumsy, uncoordinated.
- _____ 25. I have difficulty with eye hand coordination.
- _____ 26. I have difficulty with concepts such as up, down, over or under.
- _____ 27. I tend to bump into things when walking.

Oral Expressive language

- _____ 28. I have difficulty expressing myself in words.
- _____ 29. I have trouble finding the right word to say in conversations.
- _____ 30. I have trouble talking around a subject or getting to the point in conversations.

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Receptive language

- _____ 31. I have trouble keeping up or understanding what is being said in conversations.
- _____ 32. I tend to misunderstand people and give the wrong answers in conversations.
- _____ 33. I have trouble understanding directions people tell me.
- _____ 34. I have trouble telling the direction sound is coming from.
- _____ 35. I have trouble filtering out background noises.

Math

- _____ 36. I am poor at basic math skills for my age (adding, subtracting, multiplying and dividing)
- _____ 37. I makes "careless mistakes" in math.
- _____ 38. I tend to switch numbers around.
- _____ 39. I have difficulty with word problems.

Sequencing

- _____ 40. I have trouble getting everything in the right order when I speak.
- _____ 41. I have trouble telling time.
- _____ 42. I have trouble using the alphabet in order.
- _____ 43. I have trouble saying the months of the year in order.

Abstraction

- _____ 44. I have trouble understanding jokes people tell me.
- _____ 45. I tend to take things too literally.

Organization

- _____ 46. My notebook/paperwork is messy or disorganized.
- _____ 47. My room is messy.
- _____ 48. I tend to shove everything into my backpack, desk or closet.
- _____ 49. I have multiple piles around my room.
- _____ 50. I have trouble planning my time.
- _____ 51. I am frequently late or in a hurry.
- _____ 52. I often do not write down assignments or tasks and end up forgetting what to do.

Memory

- _____ 53. I have trouble with my memory.
- _____ 54. I remember things from long ago but not recent events.
- _____ 55. It is hard for me to memorize things for school or work.
- _____ 56. I know something one day but do not remember it to the next.
- _____ 57. I forget what I am going to say right in the middle of saying it.
- _____ 58. I have trouble following directions that have more than one or two steps.

Social Skills

- _____ 59. I have few or no friends.
- _____ 60. I have trouble reading body language or facial expressions of others.
- _____ 61. My feelings are often or easily hurt.
- _____ 62. I tend to get into trouble with friends, teachers, parents or bosses.
- _____ 63. I feel uncomfortable around people I do not know well.
- _____ 64. I am teased by others.
- _____ 65. Friends do not call and ask me to do things with them.
- _____ 66. I do not get together with others outside of school or work.

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Scotopic Sensitivity

- _____ 67. I am light sensitive. Bothered by glare, sunlight, headlights or streetlights.
- _____ 68. I become tired, experience headaches, mood changes, feel restless or an inability to stay focused with bright or fluorescent lights.
- _____ 69. I have trouble reading words that are on white, glossy paper.
- _____ 70. When reading words or letters shift, shake, blur, move, run together, disappear or become difficult to perceive.
- _____ 71. I feel tense, tired, sleepy, or even get headaches with reading
- _____ 72. I have problems judging distance and have difficulty with such things as escalators, stairs, ball sports, or driving..

Sensory Integration Issues

- _____ 73. I seem to be more sensitive to the environment than others.
- _____ 74. I am more sensitive to noise than others.
- _____ 75. I am particularly sensitive to touch or very sensitive to certain clothing or tags on the clothing.
- _____ 76. I have unusual sensitivity to certain smells.
- _____ 77. I have unusual sensitivity to light.
- _____ 78. I am sensitive to movement or crave spinning activities?
- _____ 79. I tend to be clumsy or accident-prone.