https://doi.org/10.6063/motricidade.39612

Original Article

The Adult Developmental Coordination/Dyspraxia Checklist (ADC) in Greek Young Adults: a preliminary reliability study

Short title: ADC Checklist in Greek young adults

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Conflict of interest: nothing to declare. **Funding:** nothing to declare.

Received: 12/18/2024. Accepted: 06/18/2025.

Abstract

Developmental Coordination Disorder (DCD) is a neurodevelopmental disorder that affects motor coordination with a negative impact on daily activities. DCD persists from childhood to adulthood in 50–70% of individuals. The present study was a preliminary evaluation of the reliability of the Greek Adult Developmental Coordination Disorders/Dyspraxia Checklist (ADC) version, a self-reported questionnaire to screen adults for probable DCD. One hundred and three (N=103) young adults (aged 19-26), without a previous diagnosis of neurological disorders or disabilities, who completed the Greek version of the ADC checklist twice, with a three-week interval between test-retest measurements. The results showed that Cronbach's alpha values ranged from 0.77 to 0.92 for each of the three subscales and 0.93 for the total ADC scores, indicating a strong internal consistency. Similarly, test-retest reliability results showed intraclass correlation coefficients ranging from 0.63 to 0.87 across each subscale and the total ADC score. Thus, the results revealed acceptable values and moderate to good reliability for the Greek ADC version. In conclusion, given that motor difficulties associated with DCD persist into adulthood and negatively affect motor coordination and daily activities, the Greek ADC version could be a reliable screening tool for identifying probable DCD in young adults. However, further research regarding validity issues in Greek young adults with and without developmental disorders, including DCD, is encouraged.

Keywords: Developmental Coordination Disorder (DCD), Motor difficulties, Reliability Assessment, ADC Checklist, Young Adults

INTRODUCTION

Developmental Coordination Disorder (DCD), also known as dyspraxia in the UK, is a neurodevelopmental disorder, which characterised by impairment of motor coordination and significantly affects academic and day-to-day living activities (Diagnostic and Statistical Manual of Mental Disorders (DSM-5, 5th ed.), (American Psychiatric Association, 2013-(APA, 2013). DCD's primary and secondary symptoms frequently are reported to continue into adulthood (Purcell et al., 2015; Tal Saban & Kirby, 2018), posing challenges in educational and professional settings (Tal Saban & Kirby, 2018), with negative effects in motor-based tasks such as handwriting, typing, driving or carrying out self-care skills that can affect everyday skills in their vocational life (APA, 2013; Blank et al., 2019).

Individuals with DCD often face difficulties in learning and performing activities of daily living and struggle when playing sports (Blank et al., 2019), while subsequently, they often exhibit psychological, social, educational, and health problems (Zwicker et al., 2012). Additionally, secondary symptoms indicate that, adults with DCD are more likely compared to their peers experience executive functioning challenges (Hill & Brown, 2013), more socialising issues, which may raise their risk of developing clinical depression and anxiety (Wilson et al., 2017), leading to state and trait anxiety, depression, exercising fatigue and low self-esteem during everyday activities, with negative effects on quality of life (Kirby et al., 2013; Thomas & Christopher, 2017; Scott-Roberts & Purcell, 2018; Zaguri-Vittenberg et al., 2023).

The prevalence of DCD is estimated to be 5-6% in the general child population (APA, 2013; Li et al., 2024); however, motor difficulties persist into adulthood among 50–70% of children with DCD (DSM-5, 2013; Blank et al., 2019). Emerging adulthood is the period between adolescence and young adulthood, extending from the age of 18 to approximately 29 in high-income countries and the Western world (Arnett, 2014).

While there are standardised motor assessment tools and self-report questionnaires to diagnose DCD in childhood, there are limited options for the adult population (Blank et al., 2019). Given that difficulties related to DCD persist into adulthood, and due to the notable lack of standardise motor assessment tools for adults, the Movement Assessment Battery for Children second edition (MABC-2) developed by Henderson et al., (2007) and the Bruininks Oseretsky Test of Motor Proficiency second edition (BOT-2) by Bruininks and Bruininks, (2005), have been used in the literature for motor assessment of DCD in adults even thought have been developed for children (Blank et al., 2019).

The Adult Developmental Coordination Disorders/Dyspraxia Checklist (ADC), originally developed in English and Hebrew (Kirby et al., 2010), is one of the few existing screening tools and self-report measures for DCD in adults. ADC is currently available in German (Meachon et al., 2022), Italian (Zappullo et al., 2023), and Uzbek (Saidmamatov et al., 2023). Designed to consider the range of motor, organisational, attention, and social difficulties commonly associated with DCD in adulthood, showing good discriminant validity, although further study is needed (Blank et al., 2019). The ADC is one of the possible tools that can assist the diagnostic process, treatment, and research questions in adults with DCD. Additionally, because it includes a wide range of categories beyond motor impairments, it is a useful tool for supporting the expanding research on secondary symptoms in DCD (Meachon et al., 2022).

In order to make it accessible to more cultural groups and in more languages, it is critical to evaluate the checklist further (Kirby et al., 2010). The ADC was designed to identify individuals at risk for DCD and those with probable DCD; additionally, it can provide crucial information during the diagnostic process, although it is recommended to be combined with motor assessments for better diagnosis of DCD (Kirby et al., 2010; Barnett et al., 2019). In order to satisfy the DSM-5 criterion that symptoms appear in childhood, it first offers a

retrospective look at symptoms experienced in childhood with subscale A. In addition, it can determine whether an individual is having trouble meeting DSM-5 Criterion B: motor difficulties must interfere with daily life. Moreover, ADC treats DSM-5 criteria B (Movement disorders affect daily activities such as leisure, self-care, work, school, and play) and C (Difficulty begins in childhood) (APA, 2013). The ADC checklist has been used in various cases in the research context, such as classification of individuals with latent DCD into groups (Hyde et al., 2018), for confirmation of absence of movement difficulties in control groups (Du, Wilmut & Barnett, 2015), and executive functioning in adults with DCD assignment assessment (e.g. Rosenblum, 2013). It consists of 40 items divided into three subscales. Each subscale in the original English and Hebrew studies showed strong internal validity ($\alpha > 0.85$) across the three subscales and the questionnaire (Kirby et al., 2010). Furthermore, subscale scores and total scores were significantly higher in all sections in the group of students with DCD and significant motor difficulties, compared to those without motor difficulties or DCD in the control group (Kirby et al., 2010).

Although there is evidence that DCD often persists into adulthood (APA, 2013), as far as we are aware, there are no adult self-report methods accessible and no standardised tool for its assessment in Greek-speaking adults; the absence of appropriate standardised tools may result in underdiagnosis, leaving the Greek adult population with DCD without appropriate support. The translation and reliability evaluation of a Greek version of ADC is the objective of this manuscript, in order to make it available to Greek-speaking adults at risk for DCD and those with probable DCD, for diagnostic and treatment reasons (Kirby et al., 2010), because these adults experience challenges in educational and professional settings (Tal Saban & Kirby, 2018) and also, secondary symptoms which impact negatively their well-being (Hill & Brown, 2013; Kirby et al., 2013). Therefore, it was expected that the ADC checklist would be a reliable screening tool in its Greek version among young adults, given its strong

psychometric properties in other languages, and thus lay the foundation for future screening and intervention studies with visual applications.

Hence, the present study was a preliminary investigation designed to assess the reliability of the "Adult Developmental Coordination Disorders/Dyspraxia Checklist" questionnaire in its Greek version, to be used as a probable DCD identification tool among Greek young adults. A reliable assessment tool suitable for detecting motor difficulties in young adults helps recommend appropriate intervention programs aimed at improving the daily lives of adults with DCD and encouraging them to adopt an active lifestyle, such as engaging in physical activity.

METHODS

Experimental design

The aim of the present study was to test the reliability of the Greek version of the "Adult Developmental Coordination Disorders/Dyspraxia Checklist" using the standard test-retest reliability method, so that it can be used as an assessment tool for the identification of motor difficulties in young adults.

In the present study, the sample consisted of N=103 young adults (30 males and 73 females), aged 18 to 26 years (22.60 ±1.8 yr). Participants were recruited through invitations shared on social media and via email sent to students and citizens in a rural city in Northern Greece. Participation was voluntary, and participants were informed of the procedure and signed informed consent. Their names and any identifying information were not collected. All participants in the study were healthy, without any neurological disorder or motor or mental disability. The socio-demographic characteristics of the participants included working status and possible diagnosed developmental disorders.

Regarding working status, 53.4% were university students, 22.3% were employees, 5.8% were unemployed, 9.7% were part-time students, while 8.9% made a living in other ways. Concerning the existence of Developmental disorders, 3 participants reported that they had a diagnosis of Dyslexia, 1 attention deficit hyperactivity disorder (ADHD) and 2 Learning Difficulties. However, only 1 of them received an allowance for their disorder. The study was conducted in accordance with the Helsinki Declaration and was approved by the local Ethics Committee of the Department of Physical Education and Sport Science at Serres [NO: (ERC-017/2023)].

Sample size

Based on accepted guidelines for dependability research, the sample size was predetermined with an anticipated intraclass correlation coefficient (ICC) in the moderate to excellent reliability (0.60–0.90). For reliable tests, Koo & Li (2016) suggested 20–30 people. To provide adequate statistical power (≥ 0.80) at a significance level of $\alpha = 0.05$, a minimum of 100 participants was sought. Given that the final sample comprised 103 participants, the study was adequately powered to assess the reliability of the Greek version of the ADC checklist."

Instrument

The Adult Developmental Coordination Disorders/Dyspraxia Checklist (ADC) was used, an easy-to-use self-reported questionnaire that provides information about the individual's ability to function in different settings (such as home, academic and social) (Kirby et al., 2010). The ADC contains 40 items organised into three subscales. Subscale A includes 10 items about the history of childhood difficulties, items in subscales B and C are about currently experienced difficulties (in adulthood) that the individual considers as affecting their

performance. In addition, subscale B contains 10 items focusing on the influence of DCD on the individual's perception of their performance and subscale C includes 20 items related to current social consequences of their difficulties; as the authors describe it, symptoms "manifested by others" (Kirby et al., 2010). The ADC questionnaire is based on Criterion B of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). The person was asked to rate how often this difficulty occurs on a Likert scale: 'Never' [1], 'Sometimes' [2], 'Frequently' [3], 'Always' [4]. The items used clear, understandable terminology, and the scale was organised so that lower scores indicated better performance.

For each subscale, a total score is computed by adding each item (e.g. Subscale A = item 1+ item 2+…+ item 10, etc.) The total score of ADC is computed by adding the total scores of each subscale (Total ADC score Subscale A+ Subscale B+ Subscale C). Reliability of the ADC was determined by means of each subscale (A, B, and C) and total ADC scores. Regarding the detection and classification of motor difficulties in adults, these were expressed through the total score obtained from the sum of subscales A+B+C, with scores defined as follows: >65 possible DCD;>56 risk for DCD (Kirby et al., 2010).

Research procedure

Initially, the original English-language ADC Checklist items were translated into Greek using the back-translation technique (Vallerand, 1989), as has been used in previous research (Vlachopoulos et al., 2010). Translators A and B were two independent bilingual university faculty members with degrees in sport science and research experience in DCD, who translated the ADC from English into Greek. After thorough consideration, translators reached a preliminary English version. This version was then independently translated from English back into Greek by translators C and D, two bilingual faculty staff with expertise in English and degrees in sports science, respectively. Comparison of the version retranslated

into Greek by translators C and D with the original ADC Checklist revealed that the meaning of the items was identical. Consequently, the preliminary Greek version agreed upon by translators A and B was retained. Subsequently, the two versions (English and Greek) were carefully compared, and an expert committee reviewed the Greek version, making minor wording and syntax adjustments to enhance item clarity and comprehension. Participants were informed about the purpose of the research and gave their informed consent. Afterwards, participants received the final version of the ADC Greek questionnaire along with socio-demographic questions. The questionnaire was completed individually via a Google Form. Participants were informed that there were no right or wrong answers. After 3 weeks, they completed the same questionnaire again, according to recommendations for test–retest reliability (Kurpius & Stafford, 2006).

Statistical analysis

The SPSS 29.0 package was used for the statistical analysis, and the level of significance was set at $p<0.05$. Descriptive statistics were performed, and the means and standard deviations of the variables were recorded. To test that the translated ADC scores would exhibit strong internal consistency, Cronbach's alphas greater than 0.70 were used for each of the three ADC subscales (Nunnally, 1978; Cortina, 1993; George & Mallery, 2003). Values of 0.70 or higher were deemed sufficient. Intraclass correlation coefficient (ICC) estimates and their 95% confident intervals were calculated using SPSS statistical package version 29 based on a mean-rating ($k = 2$), absolute-agreement, 2-way mixed-effects model; with values less than 0.50, between 0.50 and 0.75, between 0.75 and 0.90, and greater than 0.90 are indicative of poor, moderate, good, and excellent reliability (Koo & Li, 2016).

RESULTS

The results regarding internal consistency showed that Cronbach's coefficient alpha for each of the three ADC subscales, as well as the total ADC score in the Greek version, ranged from 0.77 to 0.93, being at an excellent and acceptable level (Nunnally, 1978; Cortina, 1993; George & Mallery, 2003). For ICC, values less than 0.50, between 0.50 and 0.75, between 0.75 and 0.90, and greater than 0.90 indicate poor, moderate, good, and excellent reliability, respectivelly (Koo & Li, 2016). The ICC showed that subscales A and C had good reliability, and subscale B had moderate reliability. For the total ADC score, the ICC values were good. Based on both measures, the ICC for the ADC Greek version ranged from good to moderate for the A, B, and C subscalessubscales and the total ADC score (Table 1), supporting high reliability for the ADC Greek version.

Table 1. ICC single measures, 95% confidence interval and Cronbach's alpha for the ADC three subscale and total scores between test-retest measures.

	Cronbach's alpha	ICC	95% confidence interval		*F* test with true value 0			
			lower bound	upper bound	value	*df*1	*df*2	sig
subscale A	.912	.839	.770	.888	11.395	102	102	.000
subscale B	.774	.631	.499	.734	4.418	102	102	.000
subscale C	.924	.859	.798	.902	13.136	102	102	.000
total ADC	.932	.873	.818	.912	14.785	102	102	.000

Note: ICC = Intraclass Correlation Coefficient, CI = Confidence Interval, F = F-test for reliability, α = Cronbach's alpha. ICC values of 0.60–0.74 indicate moderate reliability; 0.75–0.90 indicates good reliability. Cronbach's alpha values above 0.70 indicate acceptable internal consistency.

Furthermore, paired-samples t-test analysis with equal variances assumed (Levene's>0.05) between test-retest measurement mean scores showed no statistically significant differences (p>0.05) in the three subscales and total ADC scores in the Greek version (Table 2).

Table 2. Means, standard deviations and paired sample t-tests between test-retest measurements, in subscale and total ADC scores.

	Test *M(SD)*	retest *M (SD)*	$t_{(1,102)}$	*p*
subscale A	4.00 (3.93)	3.99 ± 3.71	.045	.964
subscale B	3.83± 4.05	3.28±3.04	1.82	.072
subscale C	10.32±6.55	10.76±7.01	-1.25	.213
total ADC	18.15±12.85	18.03±12.79	.183	.855

Note: *M* = mean, *SD* = standard deviation, *t* = paired samples t-test statistic, *p* = significance level. Non-significant t-test results ($p > 0.05$)

DISCUSSION

The aim of the present study was to investigate the reliability of the "Adult Developmental Coordination Disorders/Dyspraxia Checklist (ADC)", in its Greek version, so that it could be used as an assessment tool to identify movement difficulties in young adults, in Greece. The ADC was originally developed in English and Hebrew by Kirby et al. (2010) and is currently available in German (Meachon et al., 2022), Italian (Zappullo et al., 2023), and Uzbek (Saidmamatov et al., 2023) languages.

Regarding internal consistency, analyses carried out using Cronbach's alpha for statistical analysis, the results showed that each subscale (in a range from 0.77 to 0.92) and total ADC score (0.93), the ADC checklist showed high reliability in its Greek version, demonstrating acceptable reliability (Nunnally, 1978; Cortina, 1993; George & Mallery, 2003); it was seen that subscales A & C showed excellent reliability and the values for subscale B were, also, at acceptable levels. The results of the present study are in agreement with studies by Kirby et al. (2010) regarding the English and Hebrew original versions of the ADC checklist, in which Cronbach's alpha values ranged from 0.87 to 0.91 (Kirby et al., 2010). Data of the present study are also in line with results of the study regarding the German ADC version which indicated strong internal consistency in each of the original subscales (Cronbach's alpha values 0.89 - 0.96), (Meachon et al., 2022), the Italian ADC version (Zappullo et al., 2023) in

which internal consistency of the ADC subscales was found to be adequate and the results of the study regarding the Uzbek ADC version which demonstrated high internal consistency (Cronbach's alpha values 0.87-0.91), (Saidmamatov et al., 2023). Thus, internal consistency of the ADC Greek version was found to be at acceptable levels.

Furthermore, test-retest reliability results, applying Intraclass Correlation Coefficient (ICC), showed that the ADC Greek version subscale A (0.83) and C (0.85) were characterised as good reliability and subscale B (0.63) as moderate reliability, aligning with the reliability assessment frameworks proposed by Koo and Li (2016). Also, ICC values for the total ADC score demonstrated good reliability, too (0.87) (Koo & Li, 2016). Thus, ICC results for the ADC Greek version range from good to moderate, supporting its high reliability. Both the present research study and the Uzbek study (Saidmamatov et al., 2023) applied test-retest reliability analyses examining intraclass correlation coefficient, however, the present study showed higher degree of consistency across test –retest administrations (moderate to good; 0.63-0.85), whereas the Uzbek study showed poor to moderate (ranging 0.46 to 0.54) reliability, for the Uzbek ADC version (Saidmamatov et al., 2023). The different results in the Uzbek study may be due to the fact that the Uzbek ADC version included revisions due to cultural differences (Saidmamatov et al., 2023).

Regarding the different methodologies used in previous studies of Italian, German, English, and Hebrew ADC versions, it is worth noting that the Greek study used a test-retest reliability methodology, with the aim of providing a preliminary insight into the tool's consistency over time. In contrast, the Italian study primarily examined concurrent validity by comparing the Italian version of the ADC with a handwriting speed test. In addition, the sample population that participated in the Greek study is another key distinction. In order to ensure that results are representative of the general population rather than a clinical sample, the Greek study focused on young individuals from the general population without taking into consideration

developmental disorders. However, the German study examined the ADC's capacity to distinguish between conditions by including participants with ADHD in addition to those with and without DCD. This difference in methodology is critical as the Greek study mainly assessed the Greek version of ADC's reliability in a non-clinical sample, while the German study (Meachon et al., 2022) provided validity evidence in samples diagnosed with developmental disorders. It is notable to mention that, in the present study, the Greek ADC version retained the original three-factor structure version of ADC (Kirby et al., 2010), ensuring conceptual consistency with the initial instrument and was translated from English into the Greek language, similarly to the Italian study (Zappullo et al., 2023). However, the Italian version added a new dimension in the validation process by further examining DCD symptoms and autistic traits. Finally, in the German (Meachon et al., 2022) and Uzbek (Saidmamatov et al., 2023) studies, the original ADC version was translated with revisions and cultural adaptations.

In conclusion, test-retest and internal consistency results of the present study indicated that the ADC Greek version can be used as a reliable tool for preliminarily identifying motor difficulties in the Greek adult population. Therefore, early detection of motor difficulties in young adults will contribute to the establishment of appropriate intervention programs aimed at improving the daily lives of Greek young adults with DCD, both in social and professional life, and also encouraging them to adopt an active lifestyle, such as engaging in physical activity.

Limitations

The present study was a preliminary test-retest reliability examination of the Greek version of the ADC in young adults. Despite encouraging results on the checklist's moderate to high reliability in the Greek population, some limitations must be noted. First and foremost, the

sample consisted of individuals involved in sport activities, and six participants reported developmental disorders other than DCD, which were not examined separately. In addition, the electronic completion of the questionnaire did not allow for any direct explanations to the participants' questions. Nevertheless, this study laid important groundwork by developing a diagnostic tool for future research on the ADC and for topics requiring further research, such as adults with DCD and related executive functioning difficulties. Furthermore, the aim of the present study was not to examine the validity of the Greek ADC versions.

CONCLUSIONS

Based on strong internal consistency and moderate to good test-retest reliability (ICC) results, the Adult Developmental Coordination/Dyspraxia Checklist (ADC) Greek version can be used to detect motor difficulties related to Developmental Coordination Disorder in Greek young adults as a reliable tool. Researchers and clinicians who require a screening or self-report tool for Greek-speaking individuals who may have a diagnosis of DCD as children will find the present translation of the ADC a useful and reliable resource. In conclusion, the ADC's Greek version can be a practical and useful tool that effectively captures key elements of motor coordination impairments and other symptoms most common in DCD, making it helpful for Greek speakers. Future research should focus on validity issues in Greek young adults, with and without developmental disorders, including DCD. Moreover, further research is encouraged and should focus on using the Greek ADC version in epidemiological studies to identify motor difficulties in specific educational, sports, professional, and everyday activity settings among young adults. Moreover, variables regarding physical activity participation, cognitive and motor competence, psychological, educational and social behaviour that may be derived as secondary symptoms by motor difficulties should be examined in future research studies.

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Appendix

Greek Version of the Adult Developmental Coordination/Dyspraxia Checklist (ADC)

	Υποκλίμακα Α: Σαν παιδί,	**Subscale A: As a child, did you:**
A1	Είχες δυσκολίες με δραστηριότητες αυτο-φροντίδας, όπως το δέσιμο των κορδονιών, το κούμπωμα των κουμπιών και τη χρήση των φερμουάρ;	Have difficulties with self-care tasks, such as tying shoelaces, fastening buttons and zips?
A2	Είχες δυσκολία να τρως χωρίς να λερώνεσαι;	Have difficulty eating without getting dirty?
A3	Είχες δυσκολία να μάθεις να κάνεις ποδήλατο σε σύγκριση με τους συνομηλίκους σου;	Have difficulty learning to ride a bike Compared to your peers?
A4	Είχες δυσκολία να μάθεις να παίζεις ομαδικά παιχνίδια, όπως ποδόσφαιρο, βόλεϊ, ρίψη, ή υποδοχή μιας μπάλας με ακρίβεια;	Have difficulties with playing team games, such as football, volleyball, catching or throwing balls accurately?
A5	Είχες δυσκολία να γράφεις ευανάγνωστα (ώστε οι άλλοι να μπορούν να τα διαβάσουν);	Have difficulty writing neatly (so others could read it)?
A6	Είχες δυσκολία να γράφεις γρήγορα, όπως οι συνομήλικοί σου;	Have difficulty writing as fast as your Peers?
A7	Έπεφτες πάνω σε αντικείμενα, ή ανθρώπους, σκόνταφτες πάνω σε πράγματα περισσότερο από άλλους;	Bump into objects or people, trip over things more than others?
A8	Είχες δυσκολία να παίζεις κάποιο μουσικό όργανο (π.χ. βιολί, φλογέρα);	Have difficulty playing a musical instrument (e.g., violin, recorder)?
A9	Είχες δυσκολίες να οργανώνεις/τακτοποιείς, ή να βρίσκεις τα πράγματά σου στο δωμάτιό σου;	Have difficulties with organising/finding things in your room?
A10	Σας σχολίαζαν οι άλλοι για την έλλειψη του κινητικού συντονισμού σας, ή σας αποκαλούσαν αδέξιο;	Have others comment about your lack of coordination or call you clumsy?

	Υποκλίμακα Β: έχεις δυσκολίες αυτήν την περίοδο με τις ακόλουθες 10 δραστηριότητες:	**Subscale B: Currently: Do you have difficulties currently with the following 10 items:**
B1	Δραστηριότητες αυτο-φροντίδας, όπως το ξύρισμα, ή το μακιγιάζ;	Self-care tasks such as shaving or make up?
B2	Να τρως με μαχαίρι και πιρούνι/κουτάλι;	Eating with a knife and fork/spoon?
B3	Χόμπι που απαιτούν καλό κινητικό συντονισμό;	Hobbies that require good coordination?
B4	Να γράφεις ευανάγνωστα όταν πρέπει να γράψεις γρήγορα;	Writing neatly when having to write fast?
B5	Να γράφεις τόσο γρήγορα όσο και οι συνομήλικοί σου;	Writing as fast as your peers?
B6	Να μπορείς να διαβάσεις τα δικά σου γραπτά;-	Reading your own writing?
B7	Να αντιγράφεις κάτι χωρίς να κάνεις λάθη;	Copying things down without making mistakes?
B8	Να οργανώνεις-τακτοποιείς/να βρίσκεις τα πράγματά σου στο δωμάτιό σου;	Organizing/finding things in your room?
B9	Να βρίσκεις τον δρόμο σου γύρω από νέα κτίρια ή χώρους;	Finding your way around new buildings or places?
B10	Σε αποκαλούν οι άλλοι ανοργάνωτο-η;	Have others called you disorganized?

	Υποκλίμακα Γ: Παρακαλώ επιλέξτε την κατάλληλη απάντηση και περιγράψτε στο επισυναπτόμενο έντυπο (χαρτί). Αυτήν την περίοδο:	**Subscale C: Please mark the suitable option and describe on the attached paper. Currently.**
C1	Αντιμετωπίζεις δυσκολίες να κάθεσαι ακίνητος-η, ή φαίνεσαι νευρικός-ή/υπερκινητικός-ή;	Do you have difficulties sitting still or appearing fidgety?

C2	Χάνεις, ή ξεχνάς να πάρεις μαζί σου τα πράγματά σου;	Do you lose or leave behind ossessions?
C3	Θα έλεγες πως πέφτεις πάνω σε πράγματα, ρίχνεις υγρά, ή σπας πράγματα;	Would you say that you bump into things, spill or break things?
C4	Αργείς περισσότερο από άλλους, να σηκωθείς το πρωί και να πας στη δουλειά, ή στο πανεπιστήμιο;	Are you slower than others getting up on the morning and getting to work or college?
C5	Σου πήρε περισσότερο χρόνο από άλλους να μάθεις να οδηγείς; (Αν δεν οδηγείς, παρακαλώ, υπόδειξέ μας στο συνημμένο χαρτί και περίγραψέ μας, γιατί επέλεξες να μην οδηγείς)	Did it take you longer than others to learn to drive? (if you do not drive, please indicate on the paper and describe why you chose not to drive)
C6	Το βρίσκουν οι άλλοι δύσκολο να διαβάσουν τα γραπτά σου;	Do others find it difficult to Ready our writing?
C7	Αποφεύγεις χόμπι και δραστηριότητες που απαιτούν καλό κινητικό συντονισμό;	Do you avoid hobbies that require good coordination?
C8	Επιλέγεις να περνάς τον ελεύθερο χρόνο σου μόνος-η σου, παρά με άλλους;	Do you choose to spend your leisure time more on your own than with others?
C9	Αποφεύγεις τα ομαδικά παιχνίδια/αθλήματα;	Do you avoid team games/sports?
C10	Εάν κάνεις ένα άθλημα, είναι πιο πιθανό να το κάνεις μόνος-η σου π.χ. να πας στο γυμναστήριο, παρά με άλλους;	If you do a sport, is it more likely to be on your own, e.g. going to the gym, than with others?
C11	Είχες την τάση στην εφηβεία ή στα είκοσι, ή αυτήν την περίοδο, να αποφεύγεις να πηγαίνεις σε κλαμπ /ή να χορεύεις;	Do you/did you in your teens/twenties avoid going to clubs/dancing?
C12	Εάν είσαι οδηγός, έχεις δυσκολία να παρκάρεις το αυτοκίνητο;	If you are a driver, do you have difficulty parking a car?
C13	Έχεις δυσκολία να ετοιμάσεις ένα γεύμα από το μηδέν?	. Do you have difficulty preparing a meal from scratch?
C14	Έχεις δυσκολία να ετοιμάσεις μια βαλίτσα/η για να πας ταξίδι;	Do you have difficulty packing a suitcase to go away?
C15	Έχεις δυσκολία να διπλώσεις ρούχα και να τα τοποθετήσεις τακτοποιημένα;	Do you have difficulty folding clothes to put them away neatly?
C16	Έχεις δυσκολία να διαχειριστείς χρήματα;	Do you have difficulty managing money?
C17	Έχεις δυσκολία να εκτελείς δύο πράγματα ταυτόχρονα (π.χ. να οδηγείς και να ακούς);	Do you have difficulties with performing two things at the same time (e.g., driving and listening or taking a telephone message)?
C18	Έχεις δυσκολίες με την εκτίμηση της απόστασης (π.χ. όσον αφορά στο παρκάρισμα, τη διέλευση ανάμεσα από αντικείμενα);	Do you have difficulties with distance estimation (e.g., with regard to parking, passing through objects)?
C19	Έχεις δυσκολία να οργανώνεσαι/προετοιμάζεσαι από πριν;	Do you have difficulty planning ahead?
C20	Νιώθεις ότι χάνεις την προσοχή σου σε συγκεκριμένες καταστάσεις;	Do you feel you are losing attention in certain situations?