

Handwriting Proficiency Screening Questionnaire for Children (HPSQ-C)

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Your name _____ School and class _____ Date _____

Please complete the following questionnaire based on how you feel about your handwriting performance.

Question	Never 0	Rarely 1	Some- times 2	Often 3	Always 4
1. Is your handwriting difficult to read?					
2. Do you have difficulty reading your own handwriting?					
3. Do you not have enough time to copy tasks from the board?					
4. Do you erase a lot while writing?					
5. Do you feel you do not want to write?					
6. Do you <i>not do</i> your homework?					
7. Do you complain about pain while writing?					
8. Do you get tired while writing?					
9. Do you need to often look at the page/board when copying?					
10. Are you not satisfied with your handwriting?					