

FORM 2 – D – D2
**DYSLEXIA
PRE-DIAGNOSIS FORM**

*PERSONAL USE (NON PROFESSIONAL)

*FOR ADULT (AGE 18 - 56 Y/O)



Reference : The Adult Reading History Questionnaire (ARHQ) by Lefly and Pennington (2000) Quoted from Dyslexia Screener-International Dyslexia Association (2018)

DYSLEXIA SCREENER

PRE-DIAGNOSIS FOR PERSONAL USE (NON PROFESSIONAL)
FOR ADULTS (AGE 18 TO 56)

NOTES

1. 2 – D – D2 FORM is only a screener and does not constitute a formal evaluation or diagnosis. If you have concerns about your child's reading progress, we recommend that you contact the expert/dyslexia specialist about pursuing a more thorough evaluation to investigate the nature of these concerns.
2. 2 – D – D2 FORM consists of 23 questions.

HOW TO USE

1. 2 – D – D2 FORM should be filled in by yourself who are suspected of having a risk of dyslexia.
2. Give a checklist (☒) in the appropriate answer (.....) column.
3. Calculate the total score of the checklist (☒) of the overall answer.

PRE-SCREENING TEST

What is your gender? Male Female

1. How would you compare your current reading speed to that of others of the same age and education?

Above Average **Average** **Below Average**

(Score = 1) (Score = 2) (Score = 3) (Score = 4) (Score = 5)

2. How much reading do you do in conjunction with your work (if retired or not working, how much did you read when you were working)?

A great deal **Some** **None**

(Score = 1) (Score = 2) (Score = 3) (Score = 4) (Score = 5)

3. How much difficulty did you have learning to spell in elementary school?

Easy **Hard**

(Score = 1) (Score = 2) (Score = 3) (Score = 4) (Score = 5)

4. How would you compare your current spelling to that of others of the same age and education?






Above Average **Average** **Below Average**

(Score = 1) (Score = 2) (Score = 3) (Score = 4) (Score = 5)





NEXT QUESTION >>

PRE-SCREENING TEST






5. Did your parents ever consider having you repeat any grades in school due to academic failure (not illness)?

No	Talked about it, but didn't do it	Repeated 1x grade	Repeated 2x grade	Dropped out
 (Score = 1)	 (Score = 2)	 (Score = 3)	 (Score = 4)	 (Score = 5)





6. Do you ever have difficulty remembering people's names or names of places?

No				A Great Deal
 (Score = 1)	 (Score = 2)	 (Score = 3)	 (Score = 4)	 (Score = 5)

7. Do you have difficulty remembering addresses, phone numbers, or dates?

No				A Great Deal
 (Score = 1)	 (Score = 2)	 (Score = 3)	 (Score = 4)	 (Score = 5)






8. Do you have difficulty remembering complex verbal instructions?

No				A Great Deal
 (Score = 1)	 (Score = 2)	 (Score = 3)	 (Score = 4)	 (Score = 5)






NEXT QUESTION >>

PRE-SCREENING TEST






9. Do you currently reverse the order of letters or numbers when you read or write?

No		A Great Deal		
				
(Score = 1)	(Score = 2)	(Score = 3)	(Score = 4)	(Score = 5)






10. How many books do you read for pleasure each year?

5 or more	3 - 4 Routinely	1 - 2 Routinely	1 - 2 Not Routinely	Never
				
(Score = 1)	(Score = 2)	(Score = 3)	(Score = 4)	(Score = 5)

11. How many magazines do you read for pleasure each month?

Everyday	Once a Week	Sometimes	Rarely	Never
				
(Score = 1)	(Score = 2)	(Score = 3)	(Score = 4)	(Score = 5)











12. Do you read daily (Monday-Friday)?

Read Whole at Sunday	Briefly, on Sunday	Once in a While	Rarely	Never
				
(Score = 1)	(Score = 2)	(Score = 3)	(Score = 4)	(Score = 5)











NEXT QUESTION >>

PRE-SCREENING TEST











13. Do you read a newspaper on Sunday?

Often	Read Briefly	Sometimes	Rarely	Never
 	 	 	 	 
(Score = 1)	(Score = 2)	(Score = 3)	(Score = 4)	(Score = 5)

14. Which of the following most nearly describes your attitude toward school when you were a child?











Love Going to School				Hate Going to School
 	 	 	 	 
(Score = 1)	(Score = 2)	(Score = 3)	(Score = 4)	(Score = 5)

15. How much difficulty did you have learning to read in elementary school?

None				A Great Deal
 	 	 	 	 
(Score = 1)	(Score = 2)	(Score = 3)	(Score = 4)	(Score = 5)

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16. How much extra help did you need when learning to read in elementary school?

No Help	Help From Friends	Help From Teacher/Parents	Tutors / Special Class 1 Year	Tutors / Special Class 2+ Year
 	 	 	 	 
(Score = 1)	(Score = 2)	(Score = 3)	(Score = 4)	(Score = 5)




NEXT QUESTION >>

PRE-SCREENING TEST






17. Did you ever reverse the order of letters or numbers when you were a child?

Never		Sometimes		Often
				
(Score = 1)	(Score = 2)	(Score = 3)	(Score = 4)	(Score = 5)






18. Did you have difficulty learning letter and/or color names when you were a child?

No			A Great Deal	
				
(Score = 1)	(Score = 2)	(Score = 3)	(Score = 4)	(Score = 5)

19. How would you compare your reading skill to that of others in your elementary classes?

Above Average		Average		Below Average
				
(Score = 1)	(Score = 2)	(Score = 3)	(Score = 4)	(Score = 5)

20. All students struggle from time to time in school. Compared to others in your classes, how much did you struggle to complete your work?

Not at All	Less Than Most	Above the Same	More than Most	Much More Than Most
				
(Score = 1)	(Score = 2)	(Score = 3)	(Score = 4)	(Score = 5)

NEXT QUESTION >>

PRE-SCREENING TEST

21. Did you experience difficulty in high school or college English classes?

No: Enjoyed & Did Well

Some

A Great Deal: Did Poorly



(Score = 1)



(Score = 2)



(Score = 3)



(Score = 4)



(Score = 5)

22. What is your current attitude toward reading?

Very Positive

Very Negative



(Score = 1)



(Score = 2)



(Score = 3)



(Score = 4)



(Score = 5)

23. How much reading do you do pleasure?

A Great Deal

Some

None



(Score = 1)



(Score = 2)



(Score = 3)



(Score = 4)



(Score = 5)

TOTAL SCORE

If the Total Score ≥ 55 , then you have a significant risk of dyslexia.

We recommend that you contact a Dyslexia Specialist about pursuing a more thorough evaluation to investigate these concerns or contact Dyslexia Center Indonesia with Lulu on 0818 180 918 (Whatsapp only) or info@dyslexia.co.id /lulu.fajriyanti@elite-tutors.co.id.

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