

RECOMMENDER COMMENTS

by Veli-Matti Karhulahti, 26 Feb 2022 12:59

Manuscript: <https://osf.io/sbxqd/>

Revision

Dear Marta Topor and co-authors,

Thank you for submitting your Stage 1 manuscript. It is a great pleasure to see more qualitative work choosing the RR format, and I am confident that this promising manuscript will pave the way for more such work in the future. I have now received all three reviews, collectively representing research expertise of qualitative methods, developmental psychology, and developmental coordination disorder. The reviews are very encouraging but also identify points that require revision. Below, I list some of my own feedback and selectively comment on the reviewers' points to facilitate your revisions process as much as possible.

Thank you for the encouraging feedback. We are grateful for all advice received. We have reflected on all points raised and we are confident that they have helped us to improve the manuscript and the research plan. We have addressed all comments as summarised in your points below. We also provide direct feedback to reviewers' comments. All feedback is provided in blue font. We have stated where changes have been made in the manuscript throughout all responses. In addition, all changes have been highlighted in yellow in the manuscript.

1. Most of the requested revisions concern the introduction. One reviewer is concerned whether the research questions are optimally constructed, and another reviewer suggests previous literature that should be taken into consideration to ensure the findings contribute to cumulative science. I agree and encourage you to reconsider the RQs after assessing

a) what would be theoretical or other links between RQ1 and RQ2 (or alternatively justify why two not-so-strongly connected RQs need to be answered together), and

Thank you for bringing to our attention that it is not clear how the two research questions are connected. We have now specified that RQ1 relates to emotional impact of receiving a late diagnosis whilst RQ2 concerns the contextual information for the emergence of these feelings based on changes in self-identity. This has been clarified in the paragraph starting at line 58.

b) how does the suggested literature affect (if it does) what you consider the most relevant RQs to ask at the current state of the field?

Thank you for highlighting this omission, the introduction has been substantially amended to include evidence from the literature to support (and integrate) our research questions investigating both the participant's emotional reaction to receiving a late diagnosis of DCD and the role of diagnosis in self-identity.

I will additionally comment briefly on the RQ2. With the premise that the condition has become part of the participants' intrinsic self, as you mention on page 5 with reference to biographical illumination theory, it would be good further specify what "through the lens" means in this context.

Thank you for this suggestion. It is indeed an oversight that we have not clarified the meaning of "the lens". This has now been added to the manuscript and can be found on line 66.

For instance, although you address "past, present, and future" in RQ2, the following QH2 expects that "participants will present with both positive and negative accounts [of the impact]." Are you interested in how the chronology manifests ("past, present, and future" in RQ2), or about the types of impact of the diagnosis ("positive and negative accounts" in QH2)? You also mention positive and negative feelings in your QH1. Unless you are specifically interested in the positive/negative division, other concepts might better describe your predispositions.

We are grateful for the indication of inconsistencies between research questions and QHs. For QH1, we clarified this section to discuss how mixed emotions may arise as a result of a late diagnosis rather than to focus specifically on positive and negative emotions, as we feel this captures the emotional journey following a late diagnosis based on previous in similar populations. For RQ2 and QH2, we have completely changed the wording to make sure that there is a better connection between these. In the RQ2, we specify that we are interested in the changes in self-identity, which impact individual perceptions of their past, present and future and we believe that this will help to set the context for the understanding of the emergence of mixed emotions around the diagnosis. In the RQ2, we state that we expect that examples of changes in self-perception in the past, present and future will be placed in an educational, social and occupational context.

2. One reviewer also recommends merging the QHs in the rest of the text. I should disclose my own position here, as I am a co-author in the study which has previously used QHs, and I assume you are following that example. I will let you choose whether you wish to follow the reviewer's advice, or if you wish to keep QHs. Both are viable options when well executed. Nevertheless, if you choose to the keep the QHs, please follow the reviewer's advice and briefly explain to readers (who may not know how QHs work) that they will not be tested but they rather serve to disclose biases and preconceptions.

After careful consideration we have decided to include our QHs as we feel they are an important aspect in keeping track of our own expectations for what the data would show and consequently addressing researcher bias. As per the recommender's advice, we have included a section explaining why qualitative hypotheses are a suitable choice for the current study. This can be found from line 98.

3. All three reviewers note that the sample size section needs work. First, instead of a hard sample size number, I believe a range works better in the RR format. One reviewer points out that N=15 is already a difficult-to-reach size considering that you exclude all participants

with other diagnosis, whereas another reviewer is worried that N=15 might not be enough to answer your RQs properly. As reflexive thematic analysis does not operate with saturation, I suggest

- a) Choosing a minimum sample size that allows the study to be carried out and a maximum that would e.g., be defined by your resources.
- b) Reflecting inside the team e.g., after each 5 interviews what the data tentatively feel like against the RQs, then choosing to stop/continue (you may create brief reflection documents of these steps),
- c) Include a small plan for alternatives, e.g., how would it affect your analysis if you cannot find as many participants as would be optimal but still meet the minimum sample size.

Thank you for highlighting the limitations regarding the sample size. Your suggestions have been really helpful. We have addressed all of the above points in section 2.2 ("Participants") which has been re-written. We have decided to select the solution whereby the appropriateness of the sample size will be assessed after each interview (point b above). We specified minimum and maximum sample size (point a above), outlined the feasibility of reaching a sufficient sample size and considered how we will acknowledge limitations regarding the use of a smaller sample size if necessary (point c above). We acknowledge that it is unlikely that the adequate sample size would not be reached because DCD is a prevalent condition and there is no specific time limit for the completion of the current study. It is hard to predict what exact implications might be expected if the desired sample size is not reached other than an impact on the interpretation of data which could be different if more examples of similar experiences were provided. We hope that our current approach is satisfactory.

I also agree with one of the reviewers who would like the recruitment process to be elaborated. In what order will different recruitment locations be approached and how (most importantly, will potential participants be approached personally or do they contact you)? I can see some of these issues are noted in the COREQ list, but this information is critical enough to be included in the fixed Stage 1 main text. For the record, I also note that reflexive TA does not recommend COREQ, but I also believe any such checklist helps to transparently think about different aspects one's study, and there is no reason to change or remove COREQ.

We appreciate the suggestion that the recruitment procedure was not clarified sufficiently. In the first paragraph of Section 2.2 ("Participants") we now specified the exact steps taken to advertise the study. In addition, Section 2.4 ("Procedure") has been re-written with specific detail on how participants will be able to express interest in the study and how they will be contacted with an invitation to participate. We have also updated the COREQ checklist accordingly.

4. The last bigger topic is the method/analysis. You have chosen reflexive TA, which has a very strong non-positivist foundation. You have done an excellent job in opening your positionality via relevant statements, and you do clearly mention reflexivity as part of your work. However, there are some components in the plan that do not seem to fit reflexive TA.

a) Reflexive TA generally does not recommend the use of multiple coders, as the related reliability checks and comparisons are considered positivistic and epistemologically problematic. That said, I am personally ok with you using of two coders, but with Braun & Clarke's framework as a basis, you should rather explain, for instance, **how the different outcomes of two coders are reported with respect to their two different perspectives** instead of pursuing accurate interpretation via synthesis. To be clear, you can produce a synthesis, but in such case, you should explain how the diverse views manifest in it. From the point of reflexive TA, the different views of **both** coders can be accurate interpretations. Braun & Clarke have come to highlight these issues in several recent papers. For simplicity, I refer to their website which lists such references topic by topic: <https://www.thematicanalysis.net>

Thank you for highlighting this important issue. Indeed, we have not considered the fact that under thematic analysis framework, the separate outcomes of each coder would be accurate and thus it would not be appropriate to synthesise them. After further reflections, we believe that it would be the most appropriate to keep just one coder as to not over complicate the analysis and the findings. Having just one coder means that they will be able to immerse themselves in the data from the point of data collection, transcribing and analysis thus improving the coder's understanding of the depth of whole data.

b) As the reviewers points out, there is lacking information regarding what **type** of reflexive TA you are planning to use. Even if you apply the 6-step process described in the original Braun & Clarke (2006), you need to make many decisions regarding the level of codes, deductive/inductive premises, and epistemology (e.g., my above note about merging two coder positions). At the same time, I feel it is important to stress that qualitative research always comes with flexibility and not all details can be perfectly planned and followed. I suggest you carefully plan within the team as many details as possible, and if you need to make changes at Stage 2, I will do my best to provide you with the required flexibility and we will simply document all changes transparently, when applicable. You do not have to be worried that you will be "locked" in your decisions, but I am confident that thinking about those decisions carefully beforehand will improve the study.

We are grateful for your advice regarding a more careful preparation of the analysis plan. The analysis plan section (2.4) has now been re-written to clearly state our epistemological position specifically to address the research questions. We also describe how we will approach each of the 6 steps of thematic analysis referring back to the research questions. In addition, we have added an explanation of the likelihood of changing the analysis and where analysis flexibility might be the most needed. We feel confident that this plan will be suitable, and we will try our best to follow it. We also really appreciate your statement above regarding the fact that if analysis flexibility is required then it would be possible to consider it as an option.

c) One reviewer notes that the validity and reliability section does not include the latter, which is not entirely true as you do explain e.g., member checks (and I agree that your plan to do member checks by external community members is well suitable in this design).

However, the reviewer is correct that if you wish to address reliability (which is not straightforward in reflexive TA), there are many options to do that and one of the reviewer's own papers provides a good overview of the topic (Syed, M., & Nelson, S. C., 2015. Guidelines for establishing reliability when coding narrative data. *Emerging Adulthood*, 3.6, 375-387). From a reflexive TA viewpoint, perhaps the best approach would be to pursue negotiated consensus about **what themes are most relevant to be reported as the results of this study**. This would allow both coders to keep their unique epistemic positions (documented by their separate coding materials), but still make it visible how you end up reporting what you will. Related to this, the coders might wish to integrate their subjective reflections directly in the shared coding documents (analysis logs), which I believe would be more pragmatic for you to do and the readers to interpret, versus a general post-reflexivity statement. Again, both options are viable, and you may also stick with the latter if you prefer.

Thank you for providing such clear guidance regarding the required improvements for the validity and reliability of data analysis. We have now made amendments to this section to clearly outline which of our approaches support validity and reliability of the study. The section has been adapted to account for the fact that there will be only one coder of the data – this is also the reason why decided to keep the post-reflexivity statement. The changes can be found from line 400.

5. Two smaller notes.

a) You plan to collect a lot of information with the questionnaire, but as one reviewer comments, it is not clear how this information is utilized. I should also add that those data do not seem to be part of the data availability statement, so please clarify what role they have in the study. It is ok to collect such data e.g., for purposes beyond the present RR, but this should be explained. I also understand that some of the data may not be suitable for sharing, and you can state that explicitly in the data availability statement.

Thank you for this important remark. The demographic information will be collected to for two main reasons: inclusion criteria screening and demographic analyses. This has been clarified in the context of inclusion criteria with an indication of the specific item that would lead to exclusion (line 244) and the demographic analysis part has been clarified on line 283. We also added demographic details to the data availability statement.

b) If you still plan to exclude participants with all other diagnoses except for DCD, please explain how the presence of those other diagnoses will be determined. For instance, the questionnaire seems to have multiple items, which may all yield data that could be a basis for exclusion.

As mentioned above, this is now clearly specified in the manuscript on line 244 with the exact question from the demographic questionnaire which would lead to exclusion from the study if answered "yes".

In addition to the above, please provide point-by-point responses to the reviewers' respective feedback. Needless to say, if you disagree with some the requested revisions, you

are free to justify alternative choices. Do not hesitate to contact me if something is unclear. I look forward to reading the next version, based on which I will see if another external review round is needed. I also remind that you have the option to start data collection before IPA by reducing bias control.

[We confirm that we have addressed all comments point-by-point.](#)

Sincerely,
Veli-Matti Karhulahti

Reviews

REVIEWER 1

Reviewed by moin syed, 25 Feb 2022 17:09

PCI-RR-156

Through the lens of Developmental Coordination Disorder (DCD): experiences of a late diagnosis

Review completed by Moin Syed, University of Minnesota (intentionally signed)

Thank you for the opportunity to review this Stage 1 proposal. Upon being invited to review this paper, I informed the Editor that I do not have expertise on Developmental Coordination Disorder (or any other disorders, really), but that I could provide comments on the methods and the general structure of the proposal. Accordingly, I primarily do just that. This proposal is promising but is in need of some major revisions to enhance clarity of the conceptualization and add details on the methodological and analytic plan.

[Thank you for taking the time to review our stage 1 registered report, we appreciate your feedback.](#)

The Introduction section may need a major overhaul to properly set up the study. The research questions are not very well-integrated, following from any kind of common conceptual or theoretical framework, so it is not clear why these two RQs, in particular, are important to address to meet the goals of the study. Indeed, the authors actually rely on two different theories to motivate each RQ, but there is no discussion of the compatibility of them or how they fit together.

[Thank you for your feedback on this, we have now added further literature to the introduction to clarify the rationale for the research questions. We also clarified how the two questions are linked. We hope that this is sufficiently reflected throughout the introduction section.](#)

Additionally, the authors will need to clarify what they mean by “qualitative hypotheses” and how these will be used, especially because they do not show up again in the Method or Analysis sections. My suggestion would be to drop this language all together, and elaborate on some of the rationale and expectations when providing support for selecting the RQs.

We appreciate your remark regarding the lack of clarity around qualitative hypotheses. We have now included a section addressing our use of qualitative hypotheses starting at line 98. We believe that this approach is suitable for the aims of our study to disclose biases and preconceptions surrounding the RQs.

Because the Introduction is relatively brief and to the point (which is good), I recommend moving the RQs to the end of the Introduction, rather than having them embedded, to allow for a more robust conceptual discussion that can serve as the basis for the RQs.

Thank you for this suggestion. Following the recommended amendments to introduction regarding the study rationale, the theoretical basis for our research questions and justification for the use of qualitative hypotheses, we felt the RQs remaining embedded would help to maintain clarity in the text.

Indeed, there are several issues not discuss at all, such as what “late diagnosis” means and how it is defined (although this is elaborated in the Method), and how experience of DCD may be similar to that of ADHD and ASD.

We made changes throughout the abstract and introduction to clarify that the late diagnosis means “after the age of 30 years old” so that the reader is presented with this information before they reach the method section.

The second paragraph of the introduction outlines some similarities between the experiences of individuals with DCD, ADHD and ASD. We are not sure whether the experience of receiving a late diagnosis may be similar across individuals with different neurodevelopmental disorders, however, this question is beyond the scope of the current study. We are only gathering inspiration and guidance from the studies including individuals with ADHD and ASD.

The RQs are not specific to DCD, per se, but are more general with respect to the diagnoses. That is fine, but the authors should be clear whether or not there is something specific about DCD here and how that informs the RQs.

Thank you for pointing this out. We have now clarified to what extent we expect the accounts of individuals with DCD and ADHD to be similar to those presented in research on ADHD and ASD. This is specified before the hypotheses at lines 111 and 162.

My main concern with the methods is the sample size determination. This is, of course, quite difficult to do in qualitative research, but the authors largely justify their selection based on what past researchers have done. This is never a good idea, especially given the poor quality of a lot of past research. I think there should be a deeper discussion about the expected heterogeneity vis-à-vis the RQs and the expected theoretical claims that the observations may generalize to. For example, when examining emotional reactions, I am not so sure that 15 participants will provide you sufficient depth across the breadth of responses.

Please see our response to the recommender’s comment number 3 for a detailed response regarding our new approach to sample size determination. In addition, we would like to

highlight that the section on justification for sample size starting at line 246 is now more clearly guided by the information power principle. We also strongly considered the fact that thematic analysis aims to provide an interpretative analysis where data saturation does not determine whether a sample size is sufficient.

The major issue with the analysis plan is that the description of the thematic analysis is quite general. Thematic analysis involves specific steps and variations depending on the RQs and goals of the study, and these should be explained in detail. For example, the authors put forward to sets of RQs/QHs, but those are not mapped at all to the analytic approach. Will the same exact approach be used for both? What exactly will be driving the analysis? Will it be primarily semantic or latent? There is much more that can and should be detailed here.

Thank you for highlighting this very important point. Please see our detailed response to recommender's comment 4b which covers the same issue.

Additionally, the authors state that, "In addition, by interpreting participants' accounts of individual experiences, we will provide meaningful, synthesised information that can be applied in practice by professionals working with individuals with DCD." This is all well and fine, but there was no clear RQ that pertained to this goal. Will this goal guide the analysis? If so, how?

Thank you for this important query. In the original version of the manuscript, it did indeed seem as though conducting this study was motivated by the possibility of providing information to professionals working with individuals with DCD. We originally intended to highlight that the results of the study will be especially beneficial for professionals working with adults with DCD but not that this was an aim of the study. To make sure that this is clearly conveyed in the paper, we changed the wording from line 54 where we indicate that the study will help us to generally understand the experiences of individuals who received a late diagnosis, and we removed the statement regarding the paper being aimed at professionals working with DCD. In addition, from line 180, we indicate that the resources from the study will be openly shared for all interested professionals to highlight the utility of the findings and study materials.

The section on reliability and validity does not actually include any details about reliability. Certainly, there are a wide number of approaches to establishing reliability or consistency, without using quantitative indexes. In the supplemental checklist all that is said is, "30. Data and findings consistent. This will be ensured by having two raters analysing all of the data (GA and MT). In addition, JG will verify the findings by checking if quotations reflect the generated themes and subthemes." What will you do with the two raters' data? How will they be compared? Much more detail is needed here.

Thank you for raising this question. Following the recommender's feedback, we have agreed that one coder would be more appropriate for the current study given that we are using thematic analysis. See our response to recommender's comment 4c.

A couple of small points

“A total score of over 65 (and over 17 in section A reflecting the severity of DCD-related difficulties in childhood) will be required to participate in the study to ensure that the sample will be representative of individuals with DCD.” I am not sure how using a cutoff ensures representativeness.

We acknowledge that any qualitative study with only a few participants will struggle to fully represent the population they are investigating. However, by adding the ADC as a measure of DCD, we are ensuring that we meet the UK guidelines for assessment of adults with DCD (Barnett et al., 2015) and the DSM-5 criteria for research into DCD (APA, 2013). The ADC is a standardised self-report screening tool for adults over the age of 16 years and has been rigorously tested on individuals aged 17-42 years (Niklasson, et al., 2018). The cut-off scores as mentioned above are standardised measures to identify the impact of movement ability on everyday living and early onset of movement difficulties. We have clarified this in the manuscript from line 233.

“Participants will be asked to provide information about themselves including age, gender, occupation etc.” With Registered Reports, always err on the side of more detail, so using “etc.” is not sufficiently specific.

Thank you for this suggestion. We clarified this from line 284.

Again, I think this is a promising study and I appreciate that the authors are pursuing a Registered Report for their work. My comments are intended to help make the project the best that it can be, in shared pursuit.

Thank you, we very much appreciate your feedback.

REVIEWER 2

Reviewed by anonymous reviewer, 20 Jan 2022 11:50

1A. The scientific validity of the research question(s).

This proposed research will be investigating the impact of late diagnosis of Developmental Co-ordination Disorder (DCD). From a scientific perspective this proposal is justified by the existing research presented. The proposed research approach: to investigate the experiences of individuals who receive a DCD diagnosis in adulthood, could be answerable through the chosen qualitative approach. Thematic analysis will be suitable to carry out analysis of the interviews and should provide appropriate results. There are no ethical concerns regarding this proposed research.

Thank you for your positive comments.

1B. The logic, rationale, and plausibility of the proposed hypotheses, as applicable.

This is a highly relevant topic area: there have recently been high profile and public discussions of the impact of late diagnoses of other neuro-developmental disorders. The research referred to supports the investigation of the experiences of individuals who receive a late diagnosis of a neuro-developmental disorder, and it is clear that there is a gap in the

research when it comes to DCD. The research questions/qualitative hypotheses are appropriate and follow on from the justification. The proposed research is plausible and there are no concerns about the value of the investigation.

Thank you for your positive comments.

1C. The soundness and feasibility of the methodology and analysis pipeline (including statistical power analysis or alternative sampling plans where applicable). The methodology is justified and the analysis suitable. The sample size is appropriate, but the participant recruitment seems a little vague: it would be useful to know what specific social media support groups will be targeted and how they and the university campus/Dyspraxia Foundation will be approached. The inclusion and exclusion criteria are appropriate. It would be interesting to know whether there will be an upper age limit, and if not, whether those who are elderly would have very different experiences of a DCD diagnoses that those in their 30s.

To advertise the study on the university campus we will place posters on approved sites as well as using the university SONA system. The Dyspraxia Foundation will be approached using their research panel application form, once the project is approved the Dyspraxia foundation promote the study on all their social media sites including their Facebook pages. Researcher JG has previously successfully used this method of recruitment for adults with DCD. This information has been updated in section 2.2 of the manuscript.

We have chosen not to have an upper age limit as this research was based on feedback from individuals with DCD who comment that older adults with DCD are often ignored in research. However, we do acknowledge the reviewers' comments that the later a diagnosis is received could impact the individual's experiences.

1D. Whether the clarity and degree of methodological detail is sufficient to closely replicate the proposed study procedures and analysis pipeline and to prevent undisclosed flexibility in the procedures and analyses.

The detail in the methodology is extensive and there is little indication that there will be any difficulty in carrying out this study. The design of the proposed research is very precise. The procedure is very clear, and the community feedback aspect will undoubtedly be useful in ensuring accurate and appropriate analysis of the data.

Thank you for your positive comments

1E. Whether the authors have considered sufficient outcome-neutral conditions (e.g. absence of floor or ceiling effects; positive controls; other quality checks) for ensuring that the obtained results are able to test the stated hypotheses or answer the stated research question(s).

As this is a qualitative research proposal, this aspect is not relevant.

Thank you.

REVIEWER 3

Reviewed by anonymous reviewer, 17 Feb 2022 14:42

Thank you for submitting the study proposal titled 'Through the lens of Developmental Coordination Disorder (DCD): experiences of a late diagnosis' for review.

Overall, this study proposal intends to explore the emotional impact of receiving a DCD diagnosis in adulthood, and how receiving a diagnosis in adulthood influences participants perspectives of themselves, in the past present and future.

It is recommended that emotive language should be avoided throughout (for example 'deep personal reflections') as this is subjective and may be limited to some experiences.

Thank you for your feedback, we have searched for emotive language and amended the abstract to reflect your comments and we hope this satisfies the reviewers expectations

It also recommended that statements more accurately reflect reality for example, the suggestion that little is known about DCD would be more accurate within certain sectors compared to others where a lot is known.

Thank you for your feedback, in paragraph 1 in the introduction we explain that DCD is not well understood or recognised in educational, occupational and medical settings especially for adults with DCD (Misiunna et al., 2005; Noval, 2012). We have added a sentence linking these issues to subsequent difficulties with diagnosis. We have also substantially increased the evidence from the literature explaining how lack of knowledge, lack of appropriate motor assessments for adults and the multi-dimensional manifestations of DCD create a lengthy and stressful pathway to diagnosis for many adults with DCD.

Related to this, there are some vagaries at times for example 'in the system', 'later adulthood' or 'better support' – it isn't clear what system is being referred to or what later adulthood means or who should be providing better support. Better support also suggests an element of bias as there is an assumption that current support isn't 'better'.

Thank you for pointing out the lack of clarity. 'In the system' and 'Later adulthood' - In the abstract these two comments have been amended to; 'it is clear that many individuals with DCD are not being diagnosed until later adulthood (i.e. after 30 yrs)'. We have also amended 'better support' to 'appropriate support'.

In relation to the research questions, it feels inaccurate to state '...the moment...' as retrospective accounts are being collected so it would be difficult for participants to describe how they felt at the exact 'moment' they received a diagnosis.

Thank you for this suggestion. This term has previously been used for similar work with individuals with ASD and ADHD (Johnson and Joshi, 2016). It has also been noted as a milestone event in a person's life triggering a significant change in emotions. We would therefore like to maintain this terminology to add consistency to the literature. We are also

not asking about the exact moment of the diagnosis; the research questions use the following wording “surrounding the moment of receiving a later diagnosis and the aftermath”.

On a related note, there are phrases included throughout which require clarification for example:

Line 5 – most common motor coordination difficulties needs re-phrasing for clarity – Amended to “DCD manifests with difficulties in...”

Line 32 – a definition of late diagnosis is needed
Amended to “a late DCD diagnosis (beyond 30 years old)

Line 118 – what is meant by ‘occupational and medical professionals’
This is explained later in the text as those who “work with adults with suspected DCD, or who might in the future give DCD diagnoses to adults”. We have also clarified that we refer to GP’s or Occupational therapists within the medical profession, as they are most likely to diagnose DCD. This is now at line 181

Line 121 – what evidence is there that the OSF is the most appropriate platform for professionals working with adults with DCD to access.
The following has been added for clarification; ‘As the OSF is a tool to promote open science, it offers an excellent opportunity for the general public, practitioners and researchers to view the research from conception to completion. This is now at line 184.

Line 142 – why is ‘name of university where a participant studied’ relevant
Apologies about the confusion. This refers to the process of de-anonymisation of data. The name of the university was mentioned as an example of identifiable data that would be anonymised if mentioned by an interviewee. This has been clarified at line 206.

Line 175 – what good theoretical background
The following has been added for clarification; ‘based on previous work with individuals with neurodevelopmental disorders such as ADHD and ASD (Smith & Jones, 2019, Young et al, 2008)’. This is now at line 257.

Line 177 – it isn’t clear how the information power principle was used to arrive at a sample size of 15 participants –
Thank you, we have now re-written the section with “justification for sample size” and provided a clear explanation of the information power principle and how it guided our selection of an appropriate sample size.

Line 221 – deductive or inductive thematic analysis and why.
We will be using an inductive, sematic and realist approach, in that the data drives the themes and coding themes will reflect the explicit content of the interviews. This has been amended in section 2.5

The methods section would benefit from some clarification in relation to how a diagnosis of DCD will be confirmed and why participants with co-occurring diagnoses will be excluded. It

is very common by adulthood for adults with DCD to have multiple diagnoses and therefore it seems unfeasible to suggest that 15 adults with only a (late) DCD diagnosis will be recruited.

We have added more information to clarify how (and from whom) a diagnosis of DCD will be ascertained from line 231. We are excluding individuals with other diagnoses as we want to establish the exact variables associated with DCD and not influenced with any other diagnoses. Whilst co-occurring conditions are the norm for many neurodevelopmental disorders, we believe it is important to seek out individuals with a singular diagnosis for this research to ensure the findings are clearly associated with DCD only.

Furthermore, it isn't entirely clear how the demographic questionnaire and the semi-structured interview questions are directly related to the research questions. There appear to be questions included in both of these documents that appear to be irrelevant in the context of the aims / research questions of the study.

Thank you for raising this query, we have responded to this comment in the responses to the recommender's comment 5a.

There are sections that would benefit from re-writing for clarity, for example section 2.4. procedure is currently difficult to follow. Also lines 247 - 250 require rephrasing for clarity.

Thank you, these have been amended to improve clarity.

The authors have suggested that there is no research exploring diagnostic pathways or diagnostic experiences of adults with DCD, this isn't entirely accurate, please consider reviewing the literature thoroughly to identify relevant articles, for example:

Kirby, A., Sugden, D., & Purcell, C. (2014). Diagnosing developmental coordination disorders. *Archives of disease in childhood*, 99(3), 292-296.

Williams, N., Thomas, M., & Kirby, A. (2015). The lived experiences of female adults seeking a diagnosis of Developmental Coordination Disorder. *The Dyspraxia Foundation Professional Journal*, 13, 21-31.

Tal Saban, M., & Kirby, A. (2018). Adulthood in developmental coordination disorder (DCD): A review of current literature based on ICF perspective. *Current Developmental Disorders Reports*, 5(1), 9-17.

Barnett, A. L., Hill, E. L., Kirby, A., & Sugden, D. A. (2015). Adaptation and Extension of the European Recommendations (EACD) on Developmental Coordination Disorder (DCD) for the UK context. *Physical & occupational therapy in pediatrics*, 35(2), 103-115.

Hopefully, these recommendations are helpful.

Thank you for these very useful recommendations, the introduction has been considerably amended to include these studies and refine the rationale of the study.