Missouri Vocational Rehabilitation

Assistive Technology/Rehabilitation Technology Questionnaire

PARTICIPANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Answer the following questions related to your use of or need for

Assistive Technology/Rehabilitation Technology services

DESCRIBE DISABILITY/DIAGNOSIS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CAUSE OF DISABILITY: \_\_\_\_CONGENITAL \_\_\_\_ACCIDENT/INJURY

AGE/ONSET OF DISABILITY \_\_\_\_\_

DO YOU CURRENTLY USE ASSISTIVE TECHNOLOGY? \_\_\_\_YES \_\_\_\_ NO

HAVE YOU COMPLETED AN ASSISTIVE TECHNOLOGY ASSESSMENT? IF YES, WHERE AND WHEN? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAS ASSISTIVE TECHNOLOGY BEEN RECOMMENDED FOR YOUR DISABILITY? \_\_\_\_YES \_\_\_\_ NO

IF YES, PLEASE INDICATE NAME OF PROFESSIONAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DO YOU NEED ASSISTIVE TECHNOLOGY AT THIS TIME? \_\_\_\_YES \_\_\_\_ NO \_\_\_\_ I DON’T KNOW

IF YES, PLEASE INDICATE THE ASSISTIVE TECHNOLOGY YOU NEED AND FOR WHAT PURPOSE \_\_\_

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Communication & Telecommunication Access

(USE THE COMMUNICATION QUESTIONNAIRE FOR DEAFNESS/HEARING LOSS)

HOW DO YOU COMMUNICATE WITH OTHERS? (MARK ALL THAT APPLY)

\_\_\_\_\_ FACIAL EXPRESSION \_\_\_\_\_WRITTEN COMMUNICATION \_\_\_\_\_SPEECH

\_\_\_\_\_NONSTANDARD GESTURES (POINTING, REACHING OR PUSHING AWAY OBJECTS)

\_\_\_\_\_CONVENTIONAL GESTURES (SHAKING HEAD YES/NO, SIGN LANGUAGE)

\_\_\_\_\_ OTHER COMMUNCATION, PLEASE DESCRIBE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DO YOU HAVE DIFFICULTY USING THE TELEPHONE? \_\_\_\_\_ YES \_\_\_\_\_ NO

WHAT KIND OF TELEPHONE DO YOU USE? (MARK ALL THAT APPLY)

\_\_\_\_\_ CELL PHONE \_\_\_\_\_ CORDLESS PHONE \_\_\_\_\_ CORDED TELEPHONE

\_\_\_\_ NONE\_\_\_\_\_ OTHER

WHAT TELEPHONE/COMMUNICATION FEATURES DO YOU USE? (MARK ALL THAT APPLY)

\_\_\_\_\_ HANDS-FREE \_\_\_\_\_ SPEAKER PHONE \_\_\_\_\_HEADSET \_\_\_\_\_ TEXTING

\_\_\_\_\_ LARGE BUTTONS \_\_\_\_\_ SPEED DIAL \_\_\_\_\_ VOICE RECOGNITION

\_\_\_\_\_BUILT IN ACCESSIBILITY FUNCTIONS IN LAPTOP/IPAD/IPHONE

\_\_\_\_\_ APPS-FACETIME, SKYPE, ETC. (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe barriers that you encounter in the following environments:

Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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MARK ALL BARRIERS YOU ENCOUNTER DUE TO YOUR DISABILITY:

\_\_\_\_\_HEARING LOSS

\_\_\_\_\_VISION LOSS ­­­­

\_\_\_\_\_COLOR BLIND­

\_\_\_\_\_TACTILE

\_\_\_\_\_SENSITIVITY TO LIGHTS

\_\_\_\_\_PERIPHERAL NEUROPATHY

\_\_\_\_\_ATTENTION

\_\_\_\_\_CONCENTRATION

\_\_\_\_\_LEARNING

\_\_\_\_\_RETRIEVING/RECALL INFORMATION

\_\_\_\_\_RETAINING INFORMATION

\_\_\_\_\_MEMORY

\_\_\_\_\_PROBLEM SOLVING

\_\_\_\_\_LIFTING

\_\_\_\_\_FINGER OR MANUAL DEXTERITY

\_\_\_\_\_REACHING

\_\_\_\_\_GRASPING OR HANDLING

\_\_\_\_\_STANDING

\_\_\_\_\_WALKING

\_\_\_\_\_BALANCING

\_\_\_\_\_ SPLINTS, BRACES, ORTHOTICS \_\_\_\_\_BENDING

\_\_\_\_\_STOOPING/KNEALING \_\_\_\_\_ORGANIZATION

\_\_\_\_\_ANXIETY \_\_\_\_\_DEPRESSION

\_\_\_\_\_DIZZINESS/VERTIGO \_\_\_\_\_SENSITIVITY TO HOT/COLD

\_\_\_\_\_SENSITIVITY TO TOUCH \_\_\_\_\_UNABLE TO SPEAK

\_\_\_\_\_SITTING \_\_\_\_\_FATIGUE/TOLERANCE

\_\_\_\_\_VERBAL EXPRESSION \_\_\_\_\_VERBAL COMPREHENSION

\_\_\_\_\_WRITTEN COMPREHENSION \_\_\_\_\_DIFFICULTY SPEAKING

\_\_\_\_\_OTHER PLEASE LIST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ASSISTIVE TECHNOLOGY CURRENTLY USED (MARK ALL THAT APPLY)

\_\_\_\_\_NONE

\_\_\_\_\_WALKER

\_\_\_\_\_CANE

\_\_\_\_\_LOW TECH WRITING AIDS

\_\_\_\_\_LOW TECH VISION AIDS

\_\_\_\_\_ POWER WHEELCHAIR

\_\_\_\_\_ COMPUTER/LAPTOP/TABLET

\_\_\_\_\_CELL PHONE

\_\_\_\_\_WORD PREDICTION

\_\_\_\_\_VOICE RECOGNITION

\_\_\_\_\_ MANUAL COMMUNICATION BOARD

\_\_\_\_\_AMPLIFICATION SYSTEM

\_\_\_\_\_ MANUAL WHEELCHAIR

\_\_\_\_\_COMMUNICATION/PICTURE BOARD

\_\_\_\_\_ VOICE ACTIVATED CONTROLS

\_\_\_\_\_ SWITCHES/REMOTES

\_\_\_\_\_ELECTRONIC BOOKS

\_\_\_\_\_DIGITAL RECORDER

\_\_\_\_\_ ERGONOMIC CHAIR

\_\_\_\_\_ ERGONOMIC DESK

\_\_\_\_\_ ERGONOMIC WORKSTATION

\_\_\_\_\_ ADAPTIVE/MODIFIED KEYBOARD

\_\_\_\_\_ ADAPTIVE MOUSE

\_\_\_\_\_ TRACKBALL

\_\_\_\_\_ JOYSTICK

\_\_\_\_\_ TOUCHPAD

\_\_\_\_\_EYE GAZE

\_\_\_\_\_CAPTIONS/CLOSED CAPTIONS

\_\_\_\_\_SMART PEN, LIVESCRIBE

\_\_\_\_\_SCOOTER

\_\_\_\_\_GPS

\_\_\_\_\_HEADSET/HEAD PHONES

\_\_\_\_\_RAMPS/HOME MODIFICATIONS

\_\_\_\_\_VEHICLE MODIFICATIONS

\_\_\_\_\_BLUE TOOTH

\_\_\_\_\_AUGMENTATIVE COMMUNICATION SYSTEM

\_\_\_\_\_ SPEECH TO TEXT/TEXT TO SPEECH SOFTWARE

\_\_\_\_\_APPS/SOFTWARE, PLEASE LIST: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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IF YOU USE APPS OR SOFTWARE, PLEASE MARK HOW THE APPS OR SOFTWARE ASSISTS YOU (MARK ALL THAT APPLY):

\_\_\_\_\_ORGANIZATION

\_\_\_\_\_SCHEDULING

\_\_\_\_\_TIME KEEPING, ALARM FUNCTIONS

\_\_\_\_\_REMINDERS

\_\_\_\_\_VERBAL EXPRESSION

\_\_\_\_\_SOCIAL SKILLS, INTERPERSONAL

\_\_\_\_\_CONVERSATION

\_\_\_\_\_MANAGING MOOD-STRESS, ANXIETY

\_\_\_\_\_FACIAL RECOGNITION

\_\_\_\_\_MEMORY/RECALL

\_\_\_\_\_AUDITORY REMINDERS

\_\_\_\_\_VIDEO REMINDERS

OTHER, PLEASE DESCRIBE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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