



## Pre-Test Questionnaire

<b>Age</b>	
<b>Level of Motor Impairment (Finger &amp; Hand)</b>	none 0 1 2 3 4 5 6 7 8 9 10 severe
<b>Level of Vision Impairment</b>	none 0 1 2 3 4 5 6 7 8 9 10 severe
<b>Are you currently participating in any types of rehabilitation? If Yes, please specify.</b>	Yes / No
<b>How often do you participate in rehabilitation activity?</b>	never infrequently sometimes often very-often
<b>What was your most effective rehabilitation activity? Would you please give brief description?</b>	
<b>Do you own a tablet device? (iPad, Galaxy Note, etc.)</b>	Yes / No
<b>..if so, do you play games on it?</b>	Yes / No
<b>How often do you use touch screen devices?</b>	never infrequently sometimes often very-often
<b>How often do you play video games?</b>	never infrequently sometimes often very-often

Can we contact you by email for any follow up questions? \_\_\_\_\_@\_\_\_\_\_