**Do you currently play video games?**

|  |  |
| --- | --- |
| [ ]  Yes | [ ] No |

**Has the user played video games in the past?**

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

**What type of gaming platforms has the user used?**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Xbox Series X|S | [ ]  PlayStation 5 | [ ]  Nintendo Switch | [ ]  PC |
| [ ]  Xbox One | [ ]  PlayStation 4 | [ ]  Nintendo Wii | [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_ |

**What type of gaming platform does the user use most often or is most interested in?**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Xbox Series X|S | [ ]  PlayStation 5 | [ ]  Nintendo Switch | [ ]  PC |
| [ ]  Xbox One | [ ]  PlayStation 4 | [ ]  Nintendo Wii | [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_ |

**What types of games do you play / are interested in?**

|  |  |  |
| --- | --- | --- |
| [ ]  Puzzle (Donut County) | [ ]  Shooter / Battle Royale | [ ]  Action / Adventure |
| [ ]  Sandbox (Minecraft) | [ ]  Fighting | [ ]  Sports |
| [ ]  Platformer (Mario) | [ ]  Racing |  |

**What are the three games you play the most?**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Types of player games of interest:**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Individual  | [ ]  Local group cooperative  | [ ]  Local group competitive  | [ ]  Online group play |

**What is the users gaming goal?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical and Cognitive Function:

**Where does the user have movement that could be utilized for gaming?**

|  |  |  |  |
| --- | --- | --- | --- |
| * Fingers
 | * Hand(s)
 | * Head
 | * Arm(s)
 |
| * Feet
 | * Eyes
 | * Other:
 |

**Does the user have any identified development/cognitive disabilities?**

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

If yes, please explain how this may impact their gaming experience or what gaming enhancements they might benefit from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does the user experience any spasms that could interfere with gaming?**

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

If yes, please explain how this may impact their gaming experience or what gaming enhancements they might benefit from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has the user used a traditional gaming controller? If so what are the barriers faced?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Environment:

**Where does the user typically play video games / where would they like to play?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  At a desk | [ ]  In bed | [ ]  On the couch | [ ]  In wheelchair | [ ]  Other |

Support:

**Does the user have a support person available?**

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

Comfort Level:

**What is the users comfort level with technology?**

(10 being very comfortable, and 1 being not comfortable at all)

**1** **2** **3** **4** **5** **6** **7** **8** **9** **10**

**What is the users comfort level with video games?**

(10 being very comfortable, and 1 being not comfortable at all)

**1** **2** **3** **4** **5** **6** **7** **8** **9** **10**

**If the user would require support outside of MMC with gaming (i.e. with a Clinician for custom mounting) what is your comfort level getting this support?**

(10 being very comfortable, and 1 being not comfortable at all)

**1** **2** **3** **4** **5** **6** **7** **8** **9** **10**