



Pre-Test Questionnaire

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

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