

Gamer Questionnaire

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?

- ☐ Action / Adventure ☐ Shooter / Battle Royale ☐ Puzzle
☐ Fighting ☐ Multiplayer Online Battle Arena (MOBA) ☐ Sandbox
☐ Platformer ☐ Racing ☐ Sports

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: _____

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Does the user have one side of their body with a different level of function? If so please explain.

☐ Yes ☐ No

If the user has movement in their hand(s) and arm(s), do they have limited strength?

☐ Yes ☐ No

If the user has movement in their hand(s) and arm(s), do they have limited dexterity?

☐ Yes ☐ No

If the user has movement in their hand(s) and arm(s), do they have limited range of motion?

☐ Yes ☐ No

Please explain how their physical function may impact their gaming experience or what gaming enhancements they might benefit from:

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?

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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

If the gaming device requires mounting, does the user have a surface available for mounting?

- ☐ Yes
 ☐ No

Support:

Does the user have a support person available?

- ☐ Yes
 ☐ No

Will the user require support setting up the gaming set up?

- ☐ Yes
 ☐ No

Will the user require support while gaming?

- ☐ 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