

Cornerstone Assessment and Guidance Center, LP

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Cogmed Initial Questionnaire

for Adult Clients

General Information:

Today's date: _____ Completed by: _____

Client name: _____ Gender: _____

Client age: _____ Date of Birth: _____

Spouse/other name: _____

Home phone: _____ Cell phone: _____

Work phone: _____ Spouse/other phone: _____

Mailing address: _____

email: _____@_____

May we contact you via email? _____ May we leave a voicemail message? _____

How did you hear about Cogmed Working Memory Training? _____

How did you hear about our practice (Dr. Lusby, Dr. Hurley)?

Whom may we thank for referring you? Name: _____

Address: _____

Phone: _____

Practical Information:

Do you have Internet access in your home? _____

Do you have a PC with Microsoft Windows XP or Vista? _____ Windows 7? _____

Mac only? _____ Does your computer have a well-functioning mouse? _____

Do you enjoy playing computer or video games? _____ How do you manage frustration with the computer? _____

Training is about 30-45 minutes/day, preferably 5 days a week for 5 weeks. Plan an hour per session to accommodate set up and breaks. Can you set aside an hour per day, 5 days per week for 5 weeks? _____

It is sometimes helpful to have someone nearby to help you stay on task (Training Aide). Is there someone who will be an appropriate training aide for you?

Name: _____

Relationship to you: _____

The training environment needs to be a quiet, private room with a computer. In addition, the room should be free from distractions (such as children/roommates, pets, TV, etc.). Can you create a good training environment for yourself? _____

Where? _____

Background questions:

The following questions will help me understand how you are coping at home and at work/school. The point is not to make any diagnosis but rather for us to consider together whether Cogmed Working Memory Training might benefit you. Feel free to use the back of the page if needed.

Please describe your interests, strengths, and characteristics: _____

What things are difficult for you? _____

What situations are hard for you to work/study in? _____

How long have things been like this? _____

Do you have any diagnoses? _____ If so, what? _____

Are you taking any type of medicine, including over-the-counter medicines?
If so, please list: _____

Work/School information:

What kind of work do you do (or what kind of school do you attend)? _____

How is your current work/school performance? _____

What things are you best at? _____

What things do you struggle most with? _____

How are you doing socially? _____

Questions about attention:

(Answer "yes" to the following questions if you find things much harder in these areas than your peers – that is, to an exaggerated extent.)

Do you find it hard to concentrate on tasks such as chores, work, homework and/or similar tasks? _____

Do you miss things or are you careless when doing work/schoolwork or helping out at home? _____

Do you find it hard to listen to others? _____

Do you find it hard to follow directions (written? _____ verbal? _____)? _____

Do you have difficulty with chores/tasks that have multiple steps? _____

Are you easily distracted by things going on around you? _____

How good are you at getting started on activities you need to do? _____

Is it difficult for you to complete tasks you are doing? _____

Do you find it hard to organize your tasks at work/school work, keep track of schedules/demands and get things ready before activities?

Do you often forget what you are doing or reading? _____

Do you often lose things or forget where you left things? _____

How is your attention span? _____

Questions about other problem areas:

Have you ever had an epileptic seizure? _____ If so, has there ever been a problem while watching TV or playing computer games? _____

Have you ever had tics (involuntary, repetitive motor movements)? _____

Have you had periods of depression? _____ If so, when? _____

For how long? _____ Briefly describe your symptoms during those episodes: _____

What symptoms/behaviors are present now? _____

Are you receiving any treatment now (list)? _____

Have you had periods of strong fears or anxiety? _____ If so, when? _____

For how long? _____ Briefly describe: _____

What symptoms/behaviors are present now? _____

Are you receiving any treatment now (list)? _____

Do you have problems with sleep, appetite, headaches, other pains, or stress (describe)? _____

Is there anything else that you see as a problem? _____

Have you had a recent vision check? _____ Results? _____

Have you had a recent hearing check? _____ Results? _____

Do you anticipate any big changes in your family within the next 6 months (move, new baby, change of schools/job, etc.)? _____

Planning training: (These questions will be discussed during your initial interview session, but please read through them and try to answer beforehand.)

If we all agree that Cogmed Working Memory Training would be a good fit for you, on what date would you like to start the training? _____

Is there a holiday or any other natural break coming up during the five-week training period? _____

What would be a good time of day for training? _____

Where (in your house) will the training take place? _____

Do you have 1 hour/day for 5 days in the week that you can schedule for just this training? _____

Describe your relationship with your likely training aide (the person who will stay near you and support you during the training): _____

Will there be any big changes for you during the training period? _____

If you are receiving any medical/behavioral treatments, are you willing to not change the course of treatment during the working memory training period? _____

Who else lives in your house? _____

What hobbies, clubs, or sports do you participate in regularly? (list activity and typical times)

What work schedule and outside commitments does the training aide have? _____

This space is for you to write questions you want to ask during your initial interview: