

**Cornerstone Assessment and Guidance Center, LP**  
**Beth Lusby, PhD, Licensed Psychologist**

1215 Hall Johnson Rd., Suite 100  
Colleyville, TX 76034  
Phone (817) 428-9810  
Fax (817) 428-9885

**Cogmed Initial Questionnaire**  
for Clients Aged 4 – 17

**General Information:**

Today's date: \_\_\_\_\_ Completed by: \_\_\_\_\_

Client name: \_\_\_\_\_ Gender: \_\_\_\_\_

Client age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent names: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone (mom): \_\_\_\_\_

Cell phone (dad): \_\_\_\_\_ (child): \_\_\_\_\_

Work phone (mom): \_\_\_\_\_ (dad): \_\_\_\_\_

Mailing address: \_\_\_\_\_

email (mom): \_\_\_\_\_@\_\_\_\_\_

(dad): \_\_\_\_\_@\_\_\_\_\_

(client): \_\_\_\_\_@\_\_\_\_\_

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? \_\_\_\_\_  
Does your computer have a well-functioning mouse? \_\_\_\_\_  
Can your child manage a mouse? \_\_\_\_\_  
  
How does your child cope when playing computer or video games? \_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_

Children need someone to sit next to and support them during training. Who will be an appropriate training aide for your child? Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

The training environment needs to be a quiet, private room with a computer. In addition, the room should be free from distractions (such a siblings, pets, TV, etc.). Can you create a good training environment? \_\_\_\_\_ Where? \_\_\_\_\_

**Background questions:**

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

Please describe your child's interests, strengths, and characteristics: \_\_\_\_\_  
\_\_\_\_\_

What things are difficult for your child? \_\_\_\_\_  
\_\_\_\_\_

In what situations are things hard for your child? \_\_\_\_\_  
\_\_\_\_\_

How long have things been like this? \_\_\_\_\_

Does your child have any diagnoses? \_\_\_\_\_ If so, what? \_\_\_\_\_

Is your child taking any type of medicine, including over-the-counter medicines? \_\_\_\_\_

If so, please list: \_\_\_\_\_

**School information:**

What kind of school is your child attending? \_\_\_\_\_

How is your child's current school performance? \_\_\_\_\_

What are his/her best subjects? \_\_\_\_\_

What subjects does he/she struggle most with? \_\_\_\_\_

Does your child receive any extra assistance in/after school? \_\_\_\_\_

Does your child know the alphabet? \_\_\_\_\_ Can your child read and write? \_\_\_\_\_

Does your child understand numbers? \_\_\_\_\_ Can your child tell time? \_\_\_\_\_

How does your child handle mental arithmetic? \_\_\_\_\_

How is your child doing socially? \_\_\_\_\_

**Questions about attention:**

(Answer "yes" to the following questions if you think your child finds things *much harder* in these areas than his/her peers – that is, to an exaggerated extent.)

Does your child find it hard to concentrate on tasks such as chores, schoolwork, homework and/or similar tasks? \_\_\_\_\_

Do you think your child misses things or is careless when doing schoolwork or helping out at home? \_\_\_\_\_

Does your child find it hard to listen to others? \_\_\_\_\_

Does your child find it hard to follow instructions? \_\_\_\_\_

Does your child have difficulty with chores/tasks that have more than one step? \_\_\_\_\_

Is your child easily distracted by things going on around him/her? \_\_\_\_\_

How good is your child at getting started on activities he/she has to do? \_\_\_\_\_

Is it difficult for your child to complete tasks he/she is doing? \_\_\_\_\_

Does your child find it hard to organize his/her school work, keep track of homework and get things ready before activities? \_\_\_\_\_

Does your child often forget what he/she is doing? \_\_\_\_\_

Does your child often lose things, and forget where he/she has left things? \_\_\_\_\_

How is your child's attention span? \_\_\_\_\_

**Questions about hyperactivity and impulsiveness:**

Does your child do things slowly? \_\_\_\_\_

Does your child daydream more than you believe is appropriate? \_\_\_\_\_

Does your child have difficulty with transitions? \_\_\_\_\_

Does your child normally find it hard to stay seated in school? \_\_\_\_\_

Does your child run around a lot more at home and is he/she often overexcited? \_\_\_\_\_

Does your child find it hard to play quietly or do things quietly on his/her own? \_\_\_\_\_

Does your child often start on one thing and then switch to another activity before finishing the first one? \_\_\_\_\_  
Does your child talk excessively, making it hard for others to get a word in? \_\_\_\_\_  
Does your child often interrupt others? \_\_\_\_\_  
Does your child find it hard to wait his/her turn in games or when playing? \_\_\_\_\_  
Does your child often lose his/her temper? \_\_\_\_\_ If so, in what situations? \_\_\_\_\_

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How does your child cope with a setback or failure? \_\_\_\_\_

**Questions about other problem areas:**

Has your child ever had an **epileptic seizure**? \_\_\_\_\_ If so, has there ever been a problem while the child watches TV or plays computer games? \_\_\_\_\_

Has your child ever had **tics** (involuntary, repetitive motor movements)? \_\_\_\_\_

Has your child had periods of **depression**? \_\_\_\_\_ If so, when? \_\_\_\_\_

For how long? \_\_\_\_\_ Briefly describe his/her symptoms during those episodes: \_\_\_\_\_

What symptoms/behaviors are present now? \_\_\_\_\_

Is he/she receiving any treatment now (list)? \_\_\_\_\_

Has your child had periods of **strong fears or anxiety**? \_\_\_\_\_ If so, when? \_\_\_\_\_

For how long? \_\_\_\_\_ Briefly describe: \_\_\_\_\_

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What symptoms/behaviors are present now? \_\_\_\_\_

Is he/she receiving any treatment now (list)? \_\_\_\_\_

Does your child have problems with his/her sleep, appetite, headaches, other pains, or stress? \_\_\_\_\_

How does your child respond to authority and limit-setting? \_\_\_\_\_

If your child is defiant, how does he/she express this? \_\_\_\_\_

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Has your child had a vision check up? \_\_\_\_\_ Results? \_\_\_\_\_

Has your child had a hearing check up? \_\_\_\_\_ Results? \_\_\_\_\_

Is there anything else that you see as a problem for your child? \_\_\_\_\_

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 your child, 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 the relationship between the child and the training aide (the person who will sit with the child and support him/her during the training): \_\_\_\_\_

Will there be any big changes for your child during the training period? \_\_\_\_\_

If your child is 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 extracurricular activities does your child have (list activity and typical times)

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

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