

Post- AT Checklist

Consumer: _____ Date: _____ VR Counselor: _____

The purpose of this questionnaire is to evaluate the resolution of various challenges following your use of Assistive Technology.

When I use my Assistive Technology, this is how often . . .

How often . . .

	Never	Seldom	Often	Depends	Comments
My memory problems interfere with getting things done on time					
I feel that things take me longer to do than they "should"					
I get distracted to the point where it interferes with getting things done					
I have difficulty knowing (remembering) what people have said to me					
I repeat myself because I don't remember what I have said to someone					
I have difficulty staying organized or setting priorities					
I have difficulty finding my notes or TO DO Lists					
I have difficulty estimating or managing time					
I have difficulty keeping track of appointments					
I have difficulty managing troubling feelings					
I have feelings of being overwhelmed					
I have difficulty finding documents or other information I need					
I have difficulty getting ready for appointments or activities on-time					
I have difficulty tracking completed tasks and what still needs to be done					
I have difficulty executing multi-step tasks					
I have difficulty knowing what strategies to use					
I feel that I can never write enough notes fast enough					
I worry about things I may have forgotten about					
I feel stress regarding my cognitive challenges					
I feel like cognitive struggles are sapping me of all my energy					
I sense that (or others tell me that) my interpersonal or social skills are lacking					
I interrupt others in order to get a though out (that I worry about forgetting)					
I struggle with making decisions, solving problems or having good judgment					
I struggle with getting ready for work or appointments (compared to pre-injury)					
I fear that my cognitive disability will leave me unemployed or under-employed					