Study Participant ID _____

Date of Completion _____

Completed By Mother Father Other (specify) _____

APPENDIX E. Applicability Questionnaire

To be administered at baseline evaluation.

A.

Within the past month, please rate how often did your child encounter the activity.

0	1	2	3	4
Did not encounter	Encountered once	Encountered more than once, but less than weekly	Encountered weekly	Encountered daily

1. Recognize a school-related document.	0	1	2	3	4
2. Recognize options from a food Menu.	0	1	2	3	4
3. Recognize or read signs (e.g. sign for restroom, classroom, etc.)	0	1	2	3	4
4. Recognize a printed label (e.g. toothpaste, lotion, etc.)	0	1	2	3	4
5. Recognize text on a page in a book (e.g. snack packets, drawer, cupboard, etc.)	0	1	2	3	4
6. Recognize the color of an item (e.g. menus, books, etc.)	0	1	2	3	4
7. Recognize the face of a person	0	1	2	3	4
8. Report the day and date	0	1	2	3	4
9. Recognize packaged snack products	0	1	2	3	4
10. Recognize options in a Game Menu on an electronic device	0	1	2	3	4

Study Participant ID _____

Date of Completion _____

Completed By Mother Father Other (specify) _____

B.
Within the past month, please rate how helpful would a visual assistive device have been in helping your child to complete the specific activity.

0	1	2	3	4
Not helpful	Helpful	Helpful	Helpful	Helpful
	I would still have to help with 100% of the task	I would still have to help with up to 50% of the task	I would still have to help with up to 10% of the task	I would not have to help with the task

1. Recognize a school-related document.	0	1	2	3	4
2. Recognize options from a food Menu.	0	1	2	3	4
3. Recognize or read signs (e.g. sign for restroom, classroom, etc.)	0	1	2	3	4
4. Recognize a printed label (e.g. toothpaste, lotion, etc.)	0	1	2	3	4
5. Recognize text on a page in a book (e.g. snack packets, drawer, cupboard, etc.)	0	1	2	3	4
6. Recognize the color of an item (e.g. menus, books, etc.)	0	1	2	3	4
7. Recognize the face of a person	0	1	2	3	4
8. Report the day and date	0	1	2	3	4
9. Recognize packaged snack products	0	1	2	3	4
10. Recognize options in a Game Menu on an electronic device	0	1	2	3	4

In the past month,

1) What daily function task(s) do you think your child would be able to do with minimal help if a device such as OrCam MyEye 2 was available?

2) What capability a device such as OrCam MyEye 2 should develop that would be more helpful for your child?