**APPENDIX: STORY OF AN ASSISTIVE TECHNOLOGY EXPERIENCE**

This form can be completed by a person who uses AT or person reporting on behalf of the AT user (e.g., program officer, service provider, family member).

Please complete the form below and provide photos or videos that capture the AT story, if available.

Please include a person to contact for follow up.

| **About the AT User** | | | |
| --- | --- | --- | --- |
| Name or alias of AT user |  | | |
| Demographics | Gender: Male  Female  Other   Age: 0-5  6-18  19-39  40-59  60+   Highest level of education completed: | | |
| Areas of difficulty (select all that apply) | * Cognition (remembering or concentrating) * Speaking or communicating * Hearing * Mobility * Self-Care * Vision (seeing) | | |
| Specific type(s) of AT needed |  | | |
| Location (town, country) |  | | |
| Person completing form: | *Name, phone number, email address* | Submission date: |  |
| Contact person for follow up: | *Name, phone number, email address* | | |
| Photo credit: |  | | |
| 1. **What are your [AT users] current interests and future aspirations?** 2. **What major challenges have you [AT user] experienced in accessing assistive products and related services you need (such as cost of AT, wait time to receive AT, distance to reach AT, stigma)?** 3. **Describe what or who has helped you [AT user] access the assistive products and services you need.** 4. **How does your [AT users] assistive product(s) make a difference in your life?**    1. **How was your life before AT and how is it now?**    2. **What would you not be able to do without AT?**    3. **What specific opportunities become available to you thank to AT?** 5. **What services and other supports do you [AT user] need to ensure long-term use of your assistive products?** 6. **What solutions do you [AT user] recommend for increasing AT access to others in your community, place of work, school, or organisation?**   **Include 2-3 quotes.** | | | |