

COMMUNICATION PROFILE QUESTIONNAIRE

Participant #ID: _____

Privacy Statement

Please do not write any identifying marks on the survey as participants are meant to be anonymous. All information will be kept confidential. Any concerns can be communicated to Juan Carlos García. Thank you for your time and cooperation.

Answer the following questions by placing a mark on the most appropriate answer (or use the Microsoft excel template provided)

How does the person communicate?

Choose the relevant method of communication (communication mode). Mark YES/NO.

COMMUNICATION MODES CHECKLIST	
Speech/Discourse	<input type="checkbox"/> YES <input type="checkbox"/> NO
Single words	<input type="checkbox"/> YES <input type="checkbox"/> NO
Writing / Drawing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Gestures	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pictograms	<input type="checkbox"/> YES <input type="checkbox"/> NO
Manual Signs / Sign language	<input type="checkbox"/> YES <input type="checkbox"/> NO
Communication Board / book	<input type="checkbox"/> YES <input type="checkbox"/> NO
Simple Communication Device	<input type="checkbox"/> YES <input type="checkbox"/> NO
Complex Communication Device	<input type="checkbox"/> YES <input type="checkbox"/> NO
Communication software on a device	<input type="checkbox"/> YES <input type="checkbox"/> NO
Phone	<input type="checkbox"/> YES <input type="checkbox"/> NO
E-mail	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other (specify)	

Indicate if the person is able to communicate the following purposes (using a device or not). Also indicate communication mode that the person uses to communicate each purpose.

COMMUNICATION PURPOSE CHECKLIST		
Communication Purpose	(YES/NO)	Specify the mode of communication: Discourse/Single words/Writing/drawing/ Gestures/ Pictograms/Manual Signs/Sign language/Communication Board/Simple communication device/ Complex communication device /Communication Software on a device / Phone./E-mail).
Express needs and desires	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Ask for help	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Show likes and preferences	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Express opinions	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Exchange information	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Discuss ailments	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Express feelings	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Talk to family and friends	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Storytelling	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Talk to people around them	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have new relationships	<input type="checkbox"/> YES <input type="checkbox"/> NO	

1. Do you think it would be appropriate to work specifically on some aspect of communication with this person?

☐ YES ☐ NO

2. Have the disability support services ever worked with the user using Augmentative and Alternative Communication (AAC) devices?

☐ YES ☐ NO

If YES, at what point of their life and what type of communication device has the person used?

3. Do you think that the disability support services are adapted from the point of view of cognitive accessibility for the user? (Information, location, etc.)?

☐ YES ☐ NO

If NO, what aspects could improve?

4. Do you think that the ACC training that is offered in this disability support service is adequate taking into account the person's profile?

☐ YES ☐ NO

If NO, what topics related to ACC training would you suggest?