

In order to have a successful study visit, we would like to learn more about you or your child's interests and dislikes. The information you provide in this form should be about the individual participating in the study.

- If you are an **adult participant** completing this form about yourself, please let us know about your interests and dislikes.
- If you are a **parent/caregiver** whose child is participating, please let us know about your child's interests.

## INTEREST INVENTORY

### FAVORITE PEOPLE

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### FAVORITE TV SHOWS OR VIDEOS

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### FAVORITE DIGITAL APPS

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### AREAS of INTEREST/COLLECTIONS

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### FAVORITE FOOD

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### FAVORITE SPORTS/SPORTS TEAMS

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### FAVORITE PLAY ACTIVITIES (even those that are perseverative and seem to be nonproductive)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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## INTEREST INVENTORY CONTINUED

### TOPICS TO AVOID (DISLIKES)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### ACTIVITIES TO AVOID

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Are any aids used at school, work or other places (For example: picture schedules)?**

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**Anything else we should know to make this visit successful?**

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