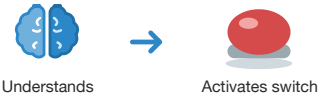
Obi Trial: Pre-Screen Questions

INSTRUCTIONS: Explore these questions and topics with the client, family, ATP, and treating clinician to help inform the benefit-risk assessment for the patient and determine whether participation in the Obi trial may be appropriate.

MY CLIENT HAS THE:

1	**Cognitive ability to reliably understand cause and effect** (i.e., activate a switch to perform a function)?	Y N	
2	**Any visual / visual-processing impairment** (e.g., CVI)? **If so, what type — and how might it affect their ability to use Obi safely and effectively?**	Y N	
3	**Ability to control their head** (extension, flexion, rotation)?	Y N	
4	**Ability to reliably clear (strip) food from a stationary spoon placed in front of the mouth?**	Y N	
5	**Level of excessive movement** (tone / spasticity). **Can they maintain consistent access to a stationary mounted switch?**	Y N	
6	**Ability to maintain a sufficient upright position during a typical meal duration?**	Y N	
7	**The client's level of age-appropriate behavior** (any self-injurious / combative behavior?)	Y N	
8	**Level of dysphagia** (oral-motor, breath, or swallowing impairment)?	Y N	
9	**Other known or foreseeable risk / challenge that may compromise benefit / safety?**	Y N	

QUESTIONS FOR FAMILY (Optional)

Completed by family / caregiver — may help flag high-priority trials

1	**Restoring self-feeding is a top priority for my loved one (the patient).**	5 Strongly Agree · 4 Agree · 3 Neutral · 2 Disagree · 1 Strongly Disagree
2	**Do you feel that, because of the time you spend with your relative, you do not have enough time for yourself?**	1 Never · 2 Rarely · 3 Sometimes · 4 Frequently · 5 Nearly always
3	**Do you feel stressed between caring for your relative and meeting other responsibilities for your family or work?**	1 Never · 2 Rarely · 3 Sometimes · 4 Frequently · 5 Nearly always
4	**Do you feel your health has suffered because of your involvement with your relative?**	1 Never · 2 Rarely · 3 Sometimes · 4 Frequently · 5 Nearly always
5	**Overall, how taxed do you feel in caring for your relative?**	1 Never · 2 Rarely · 3 Sometimes · 4 Frequently · 5 Nearly always

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