

Client Name: _____ Cogmed Coach: _____

User ID: _____

Cogmed Working Memory Training Initial Consultation (18+)

General Information

Date:

Client Name:

Gender:

DOB:

Age:

Home phone #:

Work phone #:

Cell phone #:

Mailing address:

E-mail address:

May we contact you via e-mail?

May we leave a voice message on the home #?

How did you hear about Cogmed Working Memory Training?

What is working memory?

Working memory is a key cognitive function used in daily life that allows individuals to hold information in their mind for brief periods of time, typically a few seconds. Working memory can be described as active attention. As human beings, we are constantly interacting with other people and performing tasks. The quality of what we do is highly dependent on how well our working memory is functioning. Some examples of working memory demanding tasks are:

- Remembering instructions and remembering what the next step is while working with a sequence of activities.
- Learning new things.
- Reading, understanding what you are reading and selecting information.
- Organizing your life, remembering what to bring along, remembering where and when meetings occur.
- Listening to other people and responding appropriately.
- Time planning and having a sense of time.
- Holding back your impulses.

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How does Cogmed Working Memory Training work?

Cogmed is a software program that is done in your home. It uses different exercises over a period of five weeks to train working memory in 25 training sessions. Training is cumulative and follows the user in a way that makes things simpler when an exercise gets too difficult. When the user advances, the exercises automatically get more difficult. A lot of the training is about repeating different sequences over and over again. A good training environment and motivation are critical. The Cogmed Coach will be in contact with you regularly to motivate and give you feedback on how you are proceeding in the program.

Practical information

Do you have Internet access in your home? Yes No

Do you have a PC with Microsoft Windows XP, Vista or 7? Yes No

Does your computer have a well functioning mouse? Yes No

Can you manage a mouse? Yes No

Do you cope well when playing computer games? Yes No

Training is about 30-45 minutes per day, preferably 5 days a week for 5 weeks. Plan an hour to accommodate set up and breaks. Can you set a side an hour per day, 5 days per week for 5 weeks?

Yes No

Training environment needs to be a quiet, private room with a computer. Do you have the possibility to create a good training environment? Yes No

Background Questions

The following are some questions about how you are coping in daily life. The point is not to make a diagnosis but rather for us to consider together whether Cogmed Working Memory Training might benefit you.

Can you start by describing yourself (interests, strengths, characteristics)?

What is difficult for you?

In which situations are things hard for you?

How long have things been like this?

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What is your own view of your difficulties?

Have you gone through any previous assessment? Yes No

If so, by whom? Where?

What conclusions were drawn from the testing?

Was intelligence assessed? Yes No

If so, results?

Was working memory assessed? Yes No

If so, results?

Do you have any diagnoses? Yes No

If so, which?

Are you taking any type of medicine? Yes No

If so, which?

What does your family situation looks like? Spouse? Children?

What do you do right now? School, work, other?

How is that working for you?

What are your plans for the future?

How was school for you? How did you do in different subjects? How was your attention at school, stamina, could you stay seated, could you remember what your teacher said?

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Have you studied at collage or university? Yes No

How was that?

How are you coping socially?

Questions about Attention

Please answer yes to the following questions if you think you find things much harder in these areas than your peers.

Do you find it hard to stay concentrated on various tasks such as chores, work, and/or other things?
Yes No

Do you think that you miss things or are careless when doing various tasks at home or at work?
Yes No

Do you find it hard to listen to others? For example, during a meeting or a conversation? Yes No

Do you find it hard to follow instructions? Yes No

Do you have difficulty with chores/tasks that have more than one step? Yes No

Are you easily distracted by things going on around you? Yes No

Do you have trouble getting started on activities you have to do? Yes No

Is it difficult for you to complete tasks you are doing? Yes No

Do you find it hard to organize yourself? Yes No

Do you often forget what you are doing? Yes No

Do you often lose things, and leave things in places you don't remember? Yes No

Do you have trouble remembering what you have read? Yes No

Questions about Hypoactivity

Do you do things slowly? Yes No

Do you daydream a lot? Yes No

Do you get stuck doing different activities? Yes No

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Questions about Hyperactivity and Impulsiveness

Do you often find it hard to be still? Yes No

Do you need to move hands and feet when seated? Yes No

Do you often feel worried or restless? Yes No

Do you have a constant need to find new things to do, new perspectives, and new stimuli?
Yes No

Do you think that you have a tendency to talk too much, so that others might have trouble getting oneself heard? Yes No

Do you often answer a question before the person has finished asking? Yes No

Do you often interrupt others? Yes No

Do you often start on one thing and then switch to another activity before finishing the first one?
Yes No

Do you talk excessively, making it hard for others to get a word in edgewise? Yes No

Do you often lose your temper? Yes No

If so, in what situations?

Questions about other problem areas

The following questions are about possible problem areas that can affect concentration and/or make the training difficult.

Have you ever had a seizure? Yes No

If so, has there ever been a problem while watching TV or playing computer games?

Yes No

Have you ever experienced tics? Yes No

Have you had periods of depression? Yes No

If so, when?

For how long?

To what extent?

What is it like now?

Have you had periods of strong fears or anxiety? Yes No

If so, when?

For how long?

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To what extent?

What is it like now?

Do you have problems with your sleep, appetite, headaches, other pains or stress? Yes No

Do you have low vision or hearing? Yes No

Is there anything else that you think is a problem that I have not asked about? Yes No

Do you use alcohol or drugs? Yes No

If yes, to what extent?

Planning Training

What date would you like to start the training?

Is there a holiday or any other natural break coming up during the five week training period?

What will be a good time for training?

Where will the training take place?

Do you have enough time scheduled (1 hour) per day?

Will there be any big changes for you during the training period?

Are you willing to not change course of treatment during the working memory training period?

Who else resides in the home?

What work schedule and outside commitments do you have?

Expectations about Training and Motivation

What do you expect from working memory training?

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Are you motivated?

How can you motivate yourself if a setback occurs?

Additional comments?