**Everyday Technology Use Chart: Part I**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make a list of the 10 technological devices you use in your home. Devices include, but are not limited to, things like desktop or lap top computer, telephone, cell phone, elevator, etc. Identify approximately how many times you use the device each day (recommend tracking at least 3 days in a row to observe patterns).

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| --- | --- | --- | --- |
| Device | Number of times used in a typical day | | |
|  |
| 1. | Day 1 | Day 2 | Day 3 |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |
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Select one of the devices that you identified that you use frequently. Perform a task analysis of the device use and list the steps required in its regular use. Describe how easy/difficult it would be to modify for each type of functional limitation listed in the chart below. A copy of this handout is on our course website.

Device Selected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe how the device is usually used. Include a step-by-step listing of the task analysis.

\*Identify how difficult it would be for a person with a given disability to use the device, using a scale of 1 to 5 with 1 being no problems and 5 being impossible.

\*\*Identify how difficult it would be to make modifications to the device to improve usability, using a scale of 1to 5 with 1 being easy to change and 5 being impossible.

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| --- | --- | --- |
| **Use without Hearing** | Ease of Use\* | Ease of Modification\*\* |
| Steps (in task analysis) that would need modification | Describe modifications | |
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(add additional lines if needed)

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| --- | --- | --- |
| **Use without Seeing** | Ease of Use\* | Ease of Modification\*\* |
| Steps (in task analysis) that would need modification | Describe modifications | |
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(add additional lines if needed)

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| --- | --- | --- |
| **Use without Ability to Walk** | Ease of Use\* | Ease of Modification\*\* |
| Steps (in task analysis) that would need modification | Describe modifications | |
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(add additional lines if needed)

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| --- | --- | --- |
| **Use without Ability to Use Hands** | Ease of Use\* | Ease of Modification\*\* |
| Steps (in task analysis) that would need modification | Describe modifications | |
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(add additional lines if needed)