

5. Do you do activities on a regular basis that help accommodate your condition?

_____ Frequently _____ Sometimes _____ Never

If you do engage in activities, do you need any assistance when engaging in these activities?

6. Do you use a laptop computer? _____ Yes _____ No

Will you bring your computer with you while you are abroad? _____ Yes _____ No

What software or applications do you use and in what situations do you use them?

Medical Care

7. Has your medical health professional given you either a stable or improved report of your condition?
_____ Yes _____ No

8. Do you need to bring medical documents with you while you are in the program? _____ Yes _____ No

If so, do you have those documents translated into the country's language? _____ Yes _____ No

9. Can you describe your history of hospitalization if any? (Including how long were you hospitalized and what may be needed should you require hospital care abroad)

10. Do you have any medication that you need to take on a regular basis? _____ Yes _____ No

If so, will you take this medication while you are abroad? _____ Yes _____ No

If so, will you be able to take enough medication with you for the entire time you are abroad?
_____ Yes _____ No

If so, please describe any special storage conditions or dispensing protocol your medications require:

11. Do you need to regularly keep in contact with a doctor while you are traveling? _____ Yes _____ No

a. If you so will you keep in contact with your doctor at home? _____ Yes _____ No

b. If you will keep in touch with your doctor at home, will you do so via phone, email, Skype, etc.?

c. If so will you need a local doctor where you will be traveling? _____ Yes _____ No

12. Are you currently seeing anyone from the mental health profession regarding your condition?
_____ Yes _____ No

a. If so will you continue to communicate with this person while abroad? _____ Yes _____ No

b. If so will you need to communicate with a mental health professional located abroad?
_____ Yes _____ No

Aggravating Your Condition

13. Do you have anything that might trigger the aggravation of your condition?

What would you usually do in those situations?

14. If your chronic health conditions are significantly aggravated while you are in the program, what has your medical health professional suggested as your course of action?

15. If you have ever experienced an aggravation of your chronic condition in the past, were you able to continue your studies or work with accommodations? If so, what accommodations did you need?

Studying

16. Do you prefer sitting in a particular seat (in front, in the back on a particular side of the room, etc.) or other arrangements when you are in a group setting? _____ Yes _____ No

If yes, please describe where you prefer to sit or other arrangements in a group setting, and in which situations you find it helpful.

17. In your studies or work, do you typically have an accommodation when attending class or meetings, fulfilling assignments, or taking exams? _____ Yes _____ No

If you do typically have an accommodation, is it a notetaker, reader, extended time (if so how long), private room, supervised breaks, etc.?

Other Accommodations or Services

18. Please describe any other tools or services you use to improve accessibility that were not mentioned above:
