**User Needs Worksheet**

Instructions: Each group member completes and writes their name on a colored section of the table.

|  |  |
| --- | --- |
| Medical Needs to be considered in your design | Medically needed for ... |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |

|  |  |
| --- | --- |
| Client’s Statements - from video | Interpreted Needs |
| 7. |  |
| 8. |  |
| 9. |  |
| 10 |  |
| 11. |  |
| 12. |  |
| 13. |  |
| 14. |  |
| Extra |  |
| Extra |  |
| Extra |  |