

PIADS Background Form - Writing Aids # _____

Client Name: _____ **ID#** _____ **Today's Date:** _____ (m/d/y)

1. I am still using the device
I never used the device.
I no longer use the device that was prescribed for me because: (mark all that apply)
Date you stopped using the device _____ (m/d/y)

a) My condition has changed.	d) My writing aid is broken & not usable.
b) I have switched writing aids.	e) Other (specify): _____
c) I no longer use any writing aid.	

2. When did you obtain your present writing aid device? Month _____ Day _____ Year _____

3. What kind of writing aid(s) do you currently have? (mark all that apply)

a) Laptop	c) Other (specify): _____
b) Desktop System	

4. How do you access your writing aid? (mark all that apply)

a) Direct Selection with two hands (touch-typing)	k) Single Switch Scan
b) Direct Selection with one hand (hunt and peck)	l) Myoswitch
c) Touch Screen	m) Eye-blink switch
d) Using your foot left right	n) Cyberlink
e) Joystick using your hand left right	o) VisionKey
f) Morse Code using 1 switch 2 switches	p) Voice Recognition
g) Mouth Stick	q) Sip and Puff
h) Mouse with on-screen keyboard	r) Tongue Switch
i) Trackball with on-screen keyboard	s) Other (specify): _____
j) Head Mouse with on screen keyboard	_____

5. Has there been any change in the amount of time that you use your device since getting it? (mark one)
I use it: a) as much as I always have. b) more c) less d) other : _____

6. Why do you use your device? (mark all that apply.)

a) To write to someone.	f) To feel less anxious.
b) To complete my correspondence.	g) So that I feel less self-conscious.
c) It's the only way I can work.	h) People feel more comfortable with me when I use it.
d) To speak to someone.	i) Other (please specify): _____
e) So people can understand me.	

In the next 3 questions please circle a number between 1 and 5.

7. How important do you feel the device is to your life?
Not Important 1 2 3 4 5 **Extremely Important**

8. How would you rate your satisfaction with your present device?
Not Satisfied 1 2 3 4 5 **Extremely Satisfied**

9. How much difficulty did you experience adjusting to your present device?
Extreme Difficulty 1 2 3 4 5 **No Difficulty At All**

For more information, please contact:

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