Psycho	social Impact of Assistive Devices Scale (PIADS)	Today's Date:	
			month/day/year
Client I	Name: male (last name, then first name)	female	
Diagno	sis: Date of	Birth:	
Diagno	510 Date of	month/day	/year
The fo	rm is being filled out at (choose one) 1. home 2. a clini	c 3. other (describe):	
	rm is being filled out by (choose one) 1. the client, withou		ent, with help from
the car	egiver (e.g., client showed or told caregiver what answers without any direction from the client <b>4.</b> other (describe	to give) 3. the caregiv	er on behalf of the
	ord or phrase below describes how using an assistive device but it is important that you answer every one of the 34 ite		
	opriate box to show how you are affected by using the		
	Decreases -3 -2 -1	0 1 2 3	Ingrass
1)	competence	0 1 2 3	3 Increase
	happiness		
	independence		
	adequacy		
	confusion		
	efficiency		
	self-esteem		
	productivity		
	security		
	frustration		
	usefulness		
	self-confidence		
	expertise		
	skillfulness		
	well-being		
	capability		
	quality of life		
	performance		
	sense of power		
	sense of control		
21)	embarrassment		
22)	willingness to take chances		
23)	ability to participate		
24)	eagerness to try new things		
25)	ability to adapt to the		
· ·	activities of daily living		
26)	ability to take advantage		
,	of opportunities		
27)	self-consciousness		
28)	fear of being "outed"		

	Decreases	-3	-2	-1	0	1	2	3	Increases
29)	social acceptance								
30)	secrecy								
31)	isolation								
32)	revealing to others								
33)	social participation								
34)	intimate relations								

34) intimate relations