

PIADS – Children’s Version

Age: _____

Gender: M / F

List the assistive technology device that you will be referring to for this survey _____

Directions: Circle the face that matches how you feel when you use your technology

1) Makes it easier for me to do things



Never



Almost Never



Sometimes



Almost Always



Always

2) Allows me to show my talents



Never



Almost Never



Sometimes



Almost Always



Always

3) Lets me do more things



Never



Almost Never



Sometimes



Almost Always



Always

4) Helps me do things well



Never



Almost Never



Sometimes



Almost Always



Always

5) Makes me feel safe



Never



Almost Never



Sometimes



Almost Always



Always

6) Helps me feel okay



Never



Almost Never



Sometimes



Almost Always



Always

7) Gives me hope



Never



Almost Never



Sometimes



Almost Always



Always

8) Helps me do things on my own



Never



Almost Never



Sometimes



Almost Always



Always

