

(Psychosocial Impact of Assistive Devices Scale)

		-	inpact of Assisti	ve Devices Scare)		
Name: Date:					ge: ender: M / F	
Directions: N	Mark the face	e that matches how y	ou feel when you		•	
Please list th	ne technology	device/software th	at you use:			
1) Makes it	easier for me	e to do things				
			<u>••</u>		<b>©</b>	
	Never	Almost Never	Sometimes	Almost Always	Always	
2) Allows m	e to show m	y talents		_		
	Never	Almost Never	Sometimes	Almost Always	Always	
3) Lets me d	lo more thin	gs	_	_		
					<b>©</b>	
	Never	Almost Never	Sometimes	Almost Always	Always	
4) Helps me	do things w	rell				
				<b>9</b>	<b>©</b>	
	Never	Almost Never	Sometimes	Almost Always	Always	
5) Makes m	e 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 or	n my own	_	_	_	
	Never	Almost Never	Sometimes	Almost Always	Always	





