								m	onth/day/year	
Client Name:					ale 🗆	female				
(last name, then first name)				075						
Diagnosis:				Date	Date of Birth: month/day/year					
The	form is being filled out at (choose	se one)	1 □ hor							
	form is being filled out by (choose									
the c	earegiver (e.g., client showed or to	old care	giver wl	nat answ	ers to gi	ive) 3.	□ the d	caregive	r on behalf of t	
clier	t, without any direction from the	client	4. □ c	ther (de	scribe):					
	word or phrase below describes h									
	al but it is important that you ansopropriate box to show how you a								ase, put an "X" (device nam	
tiic ap	propriate box to show how you a	ic arrec	ica by a	ising the					(device main	
	Decreases	-3	-2	-1	0	1	2	3	Increases	
1)	competence									
2)	happiness									
3)	independence									
4)	adequacy									
5)	confusion									
6)	efficiency									
7)	self-esteem									
8)	productivity									
9)	security									
10)	frustration									
11)	usefulness									
12)	self-confidence									
13)	expertise									
14)	skillfulness									
15)	well-being									
16)	capability									
17)	quality of life									
18)	performance									
19)	sense of power									
20)	sense of control									
21)	embarrassment									
22)	willingness to take chances									
23)	ability to participate									
24)	eagerness to try new things								<u></u>	
25)	ability to adapt to the									
,	activities of daily living									
26)	ability to take advantage of opportunities									
H. Dav	& J. Jutai, 1996									

Today's Date:

Psychosocial Impact of Assistive Devices Scale (PIADS)

For more information about PIADS contact: Jeffrey W. Jutai, PhD, University of Ottawa, 613-562-5800 x8218. email: jjutai@uottawa.ca