

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 ECU is broken & not usable.
b) I have switched E.C.U.'s.	e) Other (specify): _____
c) I no longer use any E.C.U.	
  
2. When did you obtain your present E.C.U. device(s)? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
  
3. What kind of E.C.U.(s) do you currently have? (mark all that apply)
 

a) Scanner to operate: TV, VCR, CD	h) Air Conditioner / heater
b) Bed Controller	i) Radio
c) Scanning Telephone	j) Cell Phone
d) Door Operators	k) Water Dispenser
e) Window blinds	l) Specialized Computer Controls
f) Satellite Dish	m) Other (specify): _____
g) Lights	
  
4. How do you access your E.C.U.? (mark all that apply)
 

a) With hand(s) right left	h) Sip and Puff
b) With your foot/feet right left	i) Mouth Stick
c) Joystick control right left	j) Tongue Switch
d) Modified Joystick (e.g. U-stick, T-Stick)	k) Tiller bar
e) Midline Controller (Custom Mount)	l) Voice Recognition Control
f) RIM Controller (Head Joystick)	m) Other (specify): _____
g) Peach-tree	
  
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) It's the only way I can operate things independently.	d) So that I can manage my environment.
b) So that I feel less anxious.	e) Other (please specify): _____
c) So that I feel less self-conscious.	

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?  

<b>Not Important</b>	1	2	3	4	5	<b>Extremely Important</b>
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8. How would you rate your satisfaction with your present device?  

<b>Not Satisfied</b>	1	2	3	4	5	<b>Extremely Satisfied</b>
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9. How much difficulty did you experience adjusting to your present device?  

<b>Extreme Difficulty</b>	1	2	3	4	5	<b>No Difficulty At All</b>
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**For more information, please contact:**

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