

**PIADS Background Form - VOCA s# \_\_\_\_\_**

**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.
  - b) I've switched devices.
  - c) I no longer use any kind of communication device.
  - d) My VOCA is broken & not usable.
  - e) Other (specify): \_\_\_\_\_

2. When did you obtain your present communication device(s)?      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

3. What kind of communication device(s) do you currently have? (mark all that apply)
- a) Standard Lightwriter
  - b) Lightwriter with scanner
  - c) Message Mate
  - d) Franklin
  - e) Walker Talker
  - f) The Link
  - g) Delta Talker
  - h) Liberator
  - i) Dynavox
  - j) Portable Laptop with Voice Output
  - k) Other (specify): \_\_\_\_\_

4. How do you access your present communication device(s)? (mark all that apply)
- a) Direct Selection with two hands (touch-typing)
  - b) Direct Selection with one hand (hunt and peck)
  - c) Using your left foot
  - d) Using your right foot
  - e) Touch Screen (one-hand)
  - f) Touch Screen (two hands)
  - g) Joystick (left)
  - h) Joystick (right)
  - i) Morse Code (one switch)
  - j) Morse Code (two switches)
  - k) Mouth Stick
  - l) Single switch Scanning
  - m) Trackball with hand
  - n) Trackball with foot
  - o) Headmouse
  - p) Myoswitch
  - q) Cyberlink
  - r) Eye-blink switch
  - s) VisionKey
  - t) Sip and Puff
  - u) Tongue Switch
  - v) Other (specify): \_\_\_\_\_

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 reasons that apply)
- a) It's the only way I can speak to someone.
  - b) So people can better understand my speaking.
  - c) So that I feel less anxious when I speak.
  - d) So that I feel less self-conscious.
  - e) So people feel more comfortable with me.
  - f) Other (please specify): \_\_\_\_\_

**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?  
**Not Important**      1      2      3      4      5      **Extremely Important**

8. How would you rate your satisfaction with your present device?  
**Not Satisfied**      1      2      3      4      5      **Extremely Satisfied**

9. How much difficulty did you experience adjusting to your present device?  
**Extreme Difficulty**      1      2      3      4      5      **No Difficulty At All**

**For more information, please contact:**

**Jeffrey W. Jutai**, PhD, CPsych

Full Professor / Professeur titulaire

Interdisciplinary School of Health Sciences/École interdisciplinaire des sciences de la santé

Faculty of Health Sciences

University of Ottawa

25 University St.

Ottawa, Ontario CANADA K1N 6N5

Tél: 613-562-5800 ext.5254

Fax: 613-562-5632

Email: [jjutai@uottawa.ca](mailto:jjutai@uottawa.ca)