

# Outcome Measures for Assistive Technology (AT)

Medical Aids Subsidy Scheme

19 July, 2023



**Queensland**  
Government

# Learning objectives

01

Know outcome measures that can be used in AAC, mobility aids and daily living aids

02

Know outcome measures that can be used at an individual or service level

03

Know the psychometric properties of these outcome measures (i.e., how effective they are)

# Selecting outcome measures

WHAT am I measuring?

HOW am I measuring it?

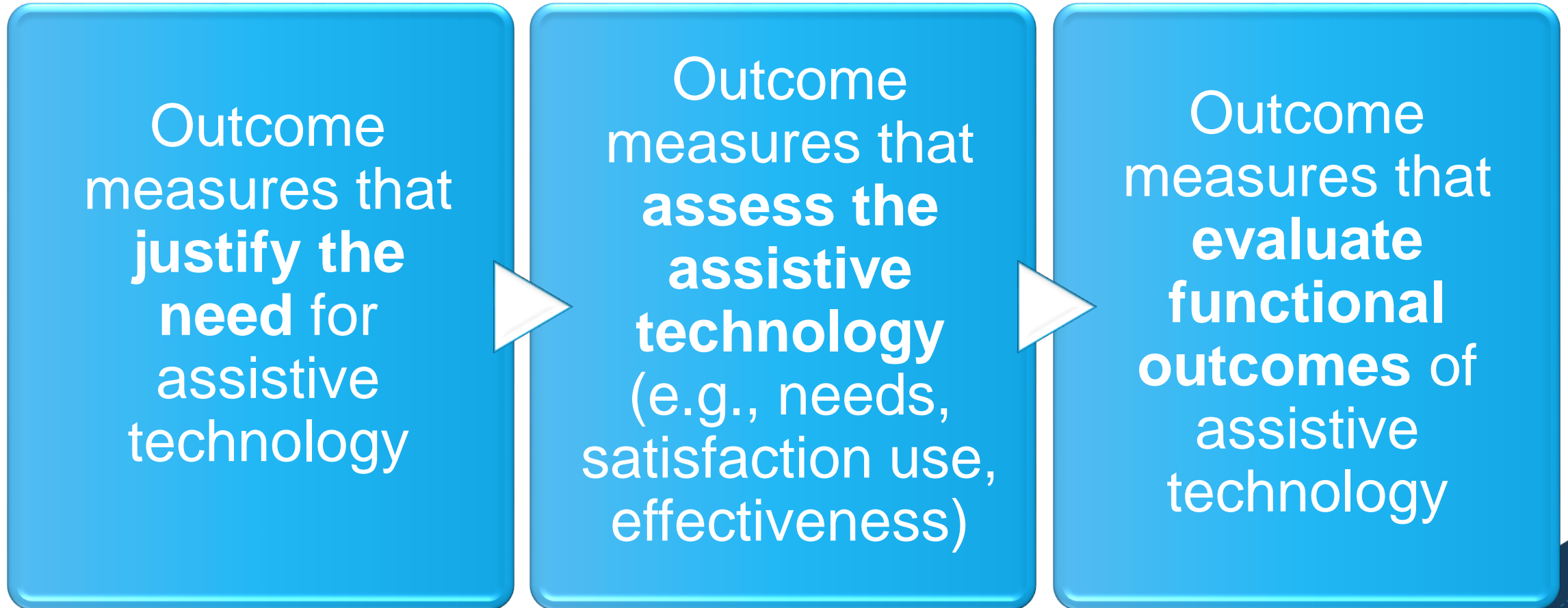
WHERE am I using it?

Is there a measure that is valid, reliable, useable and sensitive to change?

## Selecting Outcome Measures Checklist for Allied Health Professionals

1. Initial considerations when selecting an outcome measure		✓	
What do I want to measure?	People's experience of accessing care/satisfaction with service	<input type="checkbox"/>	
	People's perception of their health/wellbeing	<input type="checkbox"/>	
	Activity/function/participation	<input type="checkbox"/>	
	Effectiveness/safety of intervention	<input type="checkbox"/>	
	Service-level outcomes	<input type="checkbox"/>	
How will I measure it?	Self-report	Self-reported outcome measure (e.g. Patient Reported Outcome Measure [PROM])	<input type="checkbox"/>
		Self-reported experience measure (e.g. Patient Reported Experience Measure [PREM])	<input type="checkbox"/>
		Satisfaction measure	<input type="checkbox"/>
	Report by, or measure designed to be administered by, relevant others (e.g. parent, teacher, caregiver)	<input type="checkbox"/>	
	Therapist/clinician administered measure	<input type="checkbox"/>	
	Service data (e.g. length of hospital stay, number of appointments/sessions, grade of staff delivering the intervention)	<input type="checkbox"/>	

# Types of outcome measures



# Previous webinar: Outcome measures for adults with upper and lower limb amputations



Outcome measures for adults with upper and lower limb amputations webinar

Unlisted

MASS Education  
19 subscribers

Analytics

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0

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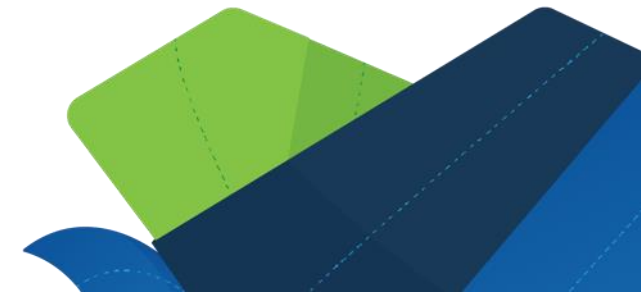
Clip

...

Detailed information on outcome measures relevant to other populations and assistive technology such as the;

- Timed Up and Go
- L-Test
- Narrowing Beam Walking Test
- 2 Minute Walk Test
- Four Square Step Test
- Activities Specific Balance Confidence Scale

<https://www.youtube.com/watch?v=IOPTYb9W3zE>



**Outcome measures  
that justify the need for  
assistive technology**



# Example outcome measures that justify the need for mobility aids

## TUG

[Link to instructions](#)

[Link to video](#)

## L-Test

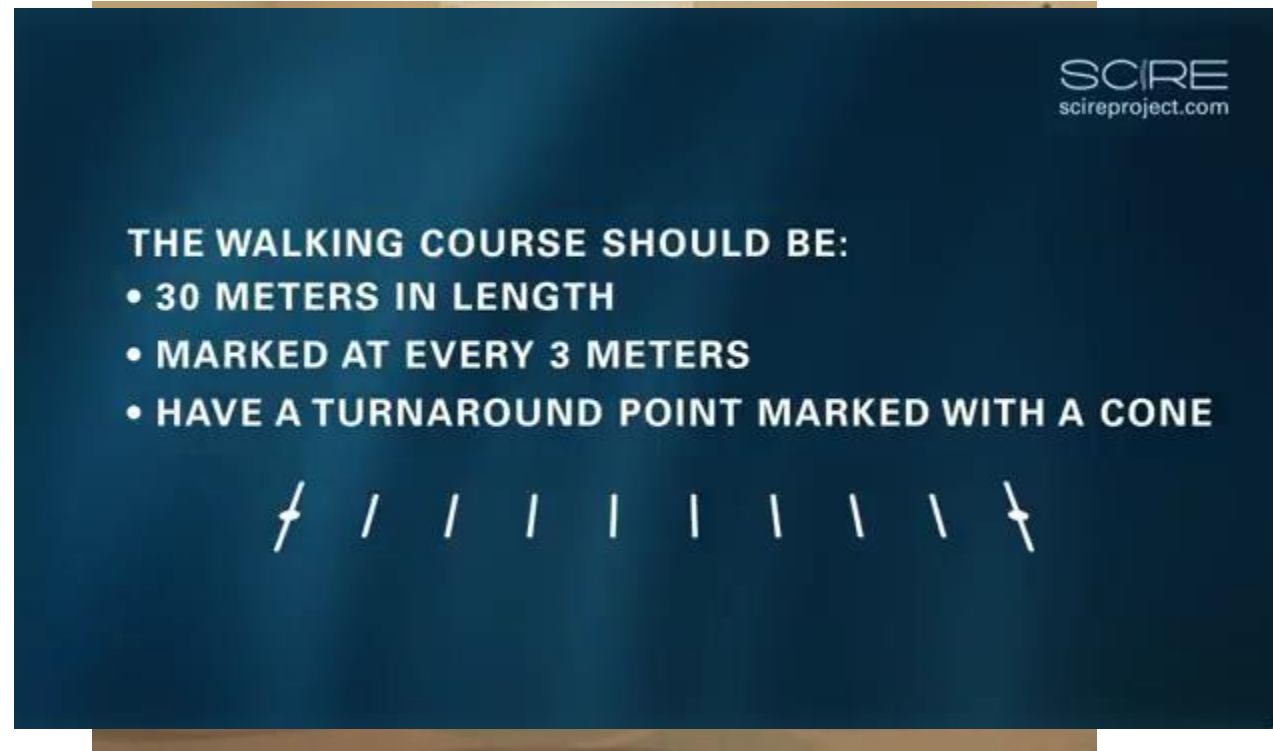
[Link to instructions](#)

[Link to video](#)

## 6MWT

[Link to instructions](#)

[Link to video](#)



# Example outcome measures that justify the need for daily living aids

## MBI

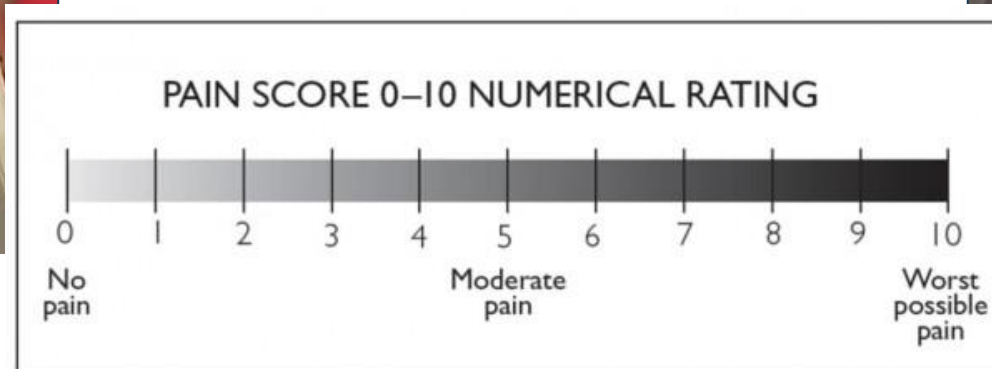
[Link to instructions](#)

[Link to video](#)

## Home Fast

[Link to free tool](#)

Symptoms on activity  
(e.g., SpO<sub>2</sub>, pain)



Reduced  
independence  
in self-cares

# Example outcome measures that justify the need for pressure redistribution support surfaces

## Waterlow

[Link to free tool](#)

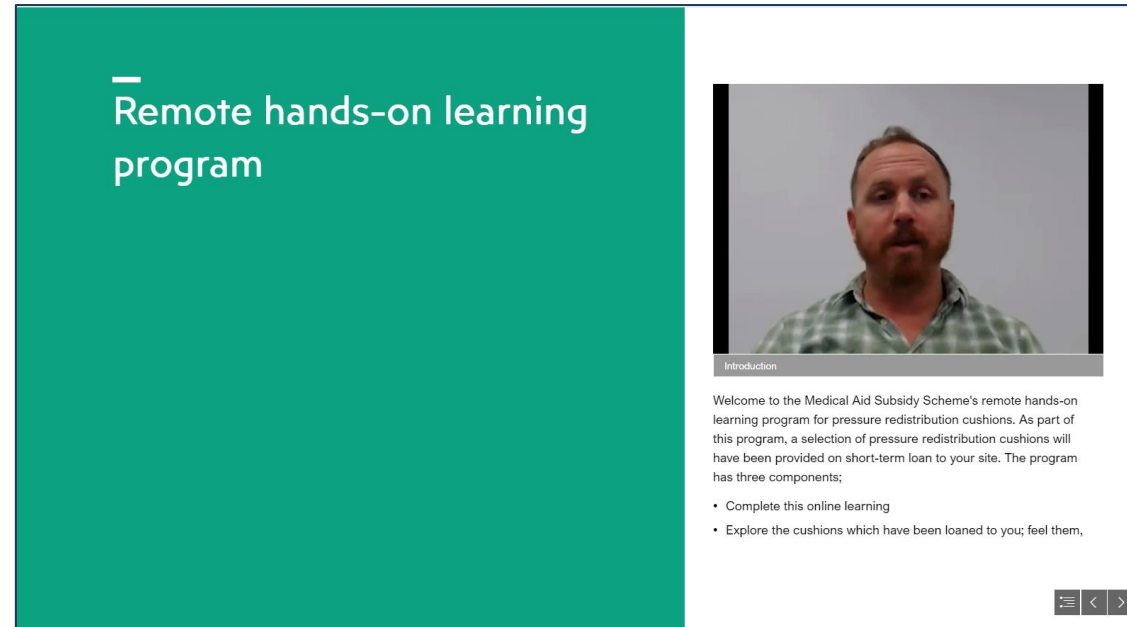
## Braden

[Link to free tool](#)

## Pressure injury staging

Link to free tools for;

- [Dark skin tones](#)
- [Asian skin tones](#)
- [Light skin tones](#)
- [Neonates and children](#)



Remote hands-on learning program

Introduction

Welcome to the Medical Aid Subsidy Scheme's remote hands-on learning program for pressure redistribution cushions. As part of this program, a selection of pressure redistribution cushions will have been provided on short-term loan to your site. The program has three components;

- Complete this online learning
- Explore the cushions which have been loaned to you; feel them,

[Link to online learning materials](#)

High pressure injury risk or existing pressure injury

# Example outcome measures that justify the need for communication aids

## Therapy Outcome Measure - AAC

[Link to free tool](#)

## F2FC scale

[Link to free tool](#)

	Strongly Agree	Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Disagree	Strongly Disagree
1. My child tells me what she/he wants.	7	6	5	4	3	2	1
2. My child tells me about her/his day.	7	6	5	4	3	2	1
3. My child knows how to take turns during conversations.	7	6	5	4	3	2	1
4. My child communicates with family members.	7	6	5	4	3	2	1
5. My child communicates with people with whom she/he is less familiar.	7	6	5	4	3	2	1
6. My child knows how to keep a conversation going.	7	6	5	4	3	2	1
7. My child communicates her/his ideas.	7	6	5	4	3	2	1
8. My child converses well with friends.	7	6	5	4	3	2	1

Restricted communication

**Outcome measures that  
assess the assistive  
technology itself**



# Generic outcome measures



# Examples covered today

*“The outcome of the service delivery process is related to the degree to which the technology meets the user’s individually defined goals... Simply focussing on user satisfaction with the technology as such is thus not the sole outcome success criterion.”<sup>1</sup>*

Satisfaction

QUEST  
2.0

Quality of life  
and  
participation

PIADS

ATQoL

Carer burden

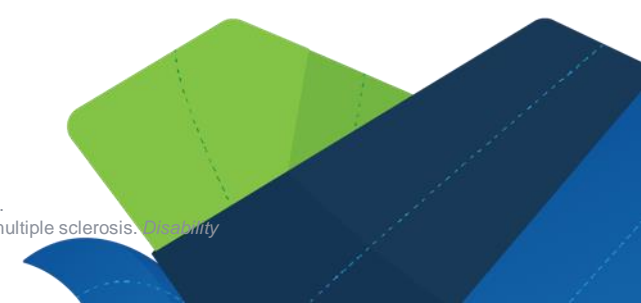
CATOM

# QUEST 2.0

What does it measure?	Satisfaction with assistive technology
When do you administer	After AT trial / provision
How long does it take to complete?	Less than 10 minutes
How much does it cost?	Free
How reliable is it?	Good test-retest reliability (ICC=0.91) <sup>2</sup>
How valid is the tool?	Validated with multiple populations
Other versions	Has been validated with various international populations include Chinese, Italian, and Portuguese versions

1. Demers, L., Weiss-Lambrou, R., & Ska, B. (1996). Development of the Quebec User Evaluation of Satisfaction with assistive Technology (QUEST). *Assistive Technology: The Official Journal of RESNA*, 8(1), 3-13.

2. Demers, L., Monette, M., Lapiere, Y., Arnold, D.L., & Wolfson, C. (2002). Reliability, validity, and applicability of the Quebec User Evaluation of Satisfaction with assistive Technology (QUEST 2.0) for adults with multiple sclerosis. *Disability & Rehabilitation*, 24(1-3), 21-30.



# QUEST 2.0

Dimensions

Weight

Adjustments

Safety

Durability

Ease of use

Comfort

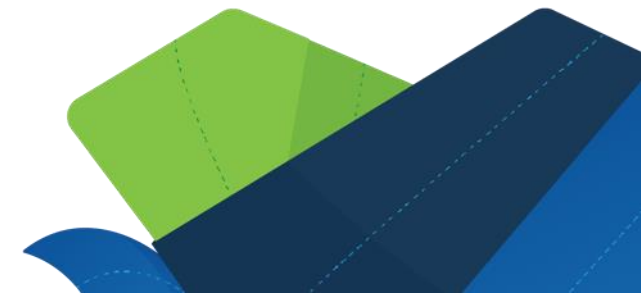
Effectiveness

Service delivery

Repairs/servicing

Professional  
service

Follow-up  
services



# Quebec User Evaluation Of Satisfaction With Assistive Technology (QUEST2.0)

Metro North Hospital and Health Service *Putting people first*

## QUEST2.0

- Satisfaction tool
- Developed by Louise Demers
- Outcome measurement instrument to evaluate a person's satisfaction with assistive technology
- Client centred
- Counsumer based
- Comprehensive
- Simple to administer
- Psychometrically assessed as reliable and valid
- Used and studied internationally
- Recommended for both clinical and research purposes
- Designed for adults of all ages and disabilities
- Can be applied to a range of technology.
- Can be used as a measure to assess services as well as devices

Queensland Government  
Metro North Health  
**QUEBEC USER EVALUATION OF SATISFACTION WITH ASSISTIVE TECHNOLOGY (QUEST) VERSION 2.0**

(Affix patient identification label here)  
URN:  
Family Name:  
Given Names:  
Address:  
Date of Birth: Sex:  M  F  I

Technology device: \_\_\_\_\_  
User name: \_\_\_\_\_ Date of assessment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**INSTRUCTIONS FOR USE:**

The purpose of the **QUEST** questionnaire is to evaluate how satisfied you are with your assistive device and the related services you experienced. The questionnaire consists of 12 satisfaction items.  
For each of the 12 items, rate your satisfaction with your assistive device and the related services you experienced by using the following scale of 1 to 5.

1	2	3	4	5
Not satisfied at all	Not very satisfied	More or less satisfied	Quite satisfied	Very satisfied

Please circle or mark the **one number** that best describes your degree of satisfaction with each of the 12 items. Do not leave any question unanswered. For any item that you were not "very satisfied", please comment in the section 'comments'. Thank you for completing the QUEST questionnaire.

**ASSISTIVE DEVICE:** How satisfied are you with;

1. the <b>dimensions</b> (size, height, length, width) of your assistive device? Comments: _____	1	2	3	4	5
2. the <b>weight</b> of your assistive device? Comments: _____	1	2	3	4	5
3. the <b>ease in adjusting</b> (fixing, fastening) the parts of your assistive device? Comments: _____	1	2	3	4	5
4. how <b>safe and secure</b> your assistive device is? Comments: _____	1	2	3	4	5
5. the <b>durability</b> (endurance, resistance to wear) of your assistive device? Comments: _____	1	2	3	4	5
6. how <b>easy</b> it is to use your assistive device? Comments: _____	1	2	3	4	5
7. how <b>comfortable</b> your assistive device is? Comments: _____	1	2	3	4	5
8. how <b>effective</b> your assistive device is (the degree to which your device meets your needs)? Comments: _____	1	2	3	4	5

QUEBEC USER EVALUATION OF SATISFACTION WITH TECHNOLOGY (QUEST) VERSION 2.0

Queensland Government  
Metro North Health  
**QUEBEC USER EVALUATION OF SATISFACTION WITH ASSISTIVE TECHNOLOGY (QUEST) VERSION 2.0**

(Affix patient identification label here)  
URN:  
Family Name:  
Given Names:  
Address:  
Date of Birth: Sex:  M  F  I

**SERVICES:** How satisfied are you with;

9. the <b>service delivery</b> program (procedures, length of time) in which you obtained your assistive device? Comments: _____	1	2	3	4	5
10. the <b>repairs and servicing</b> (maintenance) provided for your assistive device? Comments: _____	1	2	3	4	5
11. the quality of the <b>professional services</b> (information, attention) you received for using your assistive device? Comments: _____	1	2	3	4	5
12. the <b>follow-up services</b> (continuing support services) received for your assistive device? Comments: _____	1	2	3	4	5

Below is a list of the same 12 satisfaction items. Please select the **three (3)** items that you consider to be the **most important to you**. Please put an **X** in the 3 boxes of your choice.

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Dimensions  | <input type="checkbox"/> 7. Comfort               |
| <input type="checkbox"/> 2. Weight      | <input type="checkbox"/> 8. Effectiveness         |
| <input type="checkbox"/> 3. Adjustments | <input type="checkbox"/> 9. Service delivery      |
| <input type="checkbox"/> 4. Safety      | <input type="checkbox"/> 10. Repairs / servicing  |
| <input type="checkbox"/> 5. Durability  | <input type="checkbox"/> 11. Professional service |
| <input type="checkbox"/> 6. Easy to use | <input type="checkbox"/> 12. Follow-up services   |

**QUEST SCORING SHEET**

The section below is for scoring the answers to your questions. **DO NOT WRITE IN THIS SECTION.**

Number of non-valid responses	
<b>Device subscale score</b> For items 1 to 8, add the ratings of the valid responses and divide this sum by the number of valid items in this scale.	
<b>Services subscale score</b> For items 9 to 12, add the ratings of the valid responses and divide this sum by the number of valid items in this scale.	
<b>Total QUEST score</b> For items 1 to 12, add the ratings of the valid responses and divide this sum by the number of valid items.	
The 3 most important satisfaction items	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>

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## Rating scale

<b>INSTRUCTIONS FOR USE:</b>				
The purpose of the <b>QUEST</b> questionnaire is to evaluate how satisfied you are with your assistive device and the related services you experienced. The questionnaire consists of 12 satisfaction items.				
For each of the 12 items, rate your satisfaction with your assistive device and the related services you experienced by using the following scale of 1 to 5.				
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Not satisfied at all	Not very satisfied	More or less satisfied	Quite satisfied	Very satisfied
Please circle or mark the <b>one number</b> that best describes your degree of satisfaction with each of the 12 items. Do not leave any question unanswered. For any item that you were not "very satisfied", please comment in the section 'comments'. Thank you for completing the QUEST questionnaire.				

Health Information Services

UEBEC USER EVALUATI

## QUEST2.0 – characteristics measured

- Assistive device subscale
  - Dimensions (size, height, length, width)
  - Weight
  - Ease of adjusting
  - Safe and secure
  - Durability
  - Ease of use
  - Comfortable
  - Effective (the degree to which your device meets your needs)

### Services subscale

- Service delivery program (procedures, length of time)
- Repairs and servicing (maintenance)
- Professional services (information and attention)
- Follow- up services (continuing support services)

## Consumer satisfaction with AT

A strong correlation exists between user satisfaction and use

Assessment of suitability – clinicians assessment of safety, suitability and functional outcome as well as consumer feedback about the item – a single question about whether they are satisfied may not yield useful information.

## Discontinuance

Positive Vs negative discontinuance

Rates of non-use or discontinuance measured but vary from population and type of AT

Estimated rates 29 – 33% varies significantly between types of AT, definitions of non-use.

An American study of mobility devices 75% of respondents were not using their mobility device when they fell

A further study on hearing aids estimated 78% non-use.

Reasons for negative non-use:

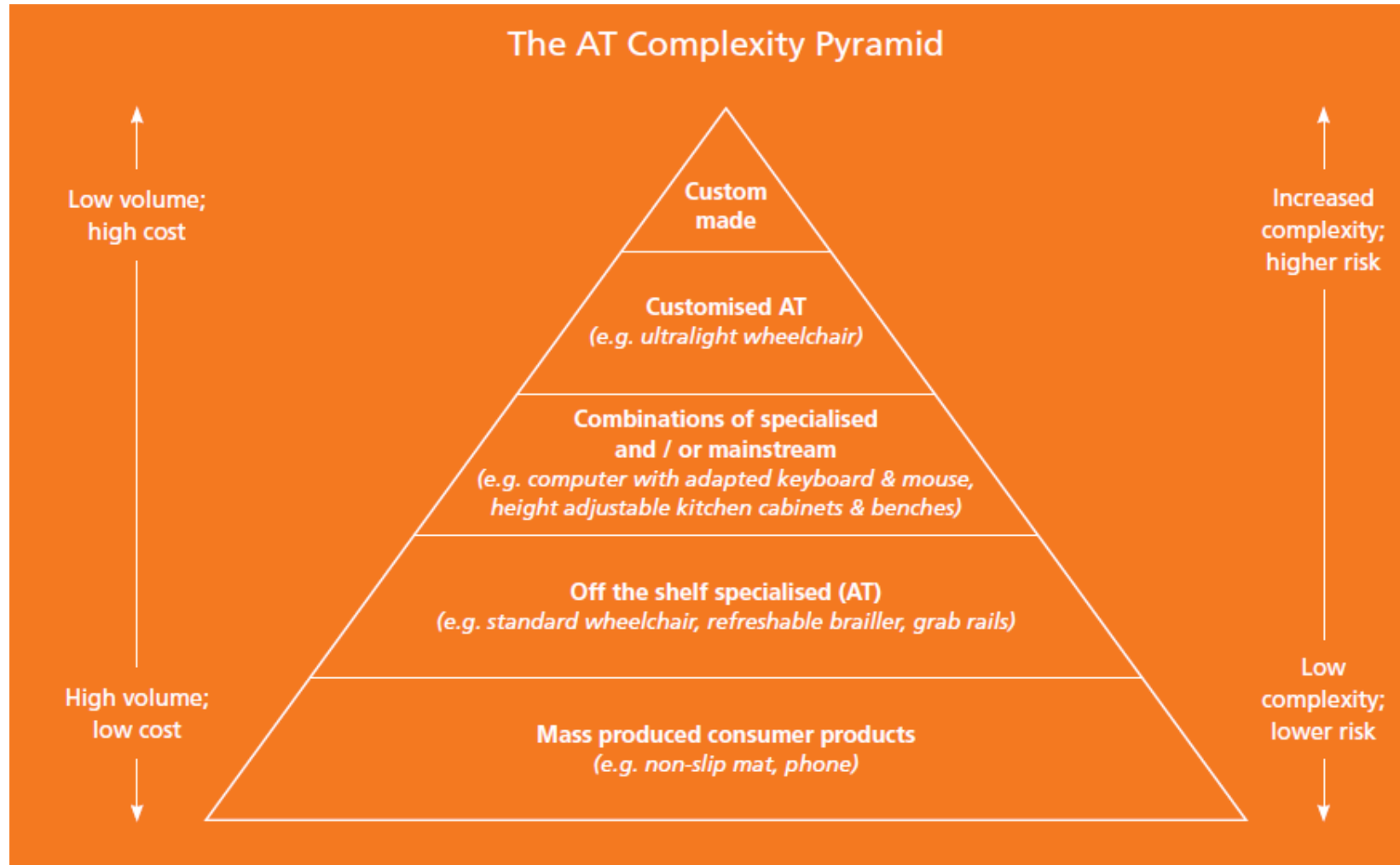
- Characteristics of the item
- Anxiety around using the item
- Ability to recall training
- Negative perceptions of disability associated with the item
- Insufficient perceived benefits
- How much someone is involved in the selection process

## Intention of the study

- To investigate whether an existing tool would assist to identify those likely to discontinue use of the device provided for use by PACS.



# Pyramid of complexity



# Methodology

- Week 1 of trial – QUEST2.0 and demographics
- Week 4 of trial – QUEST2.0 and usage

## Results

Spearman's Rho correlation co-efficient was used to explore the relationships between the QUEST total score, device and service subscales, and device usage ratings.

The QUEST total score at time 1 showed a **significant moderate negative correlation** with device use, where higher scores on the QUEST2.0 indicate increased use of the device.

The QUEST **device subscale demonstrated a stronger moderate negative correlation with device usage**

The **service subscale showed no significant relationship.**

**Spearman's** correlation coefficient, ( $\rho$ , also signified by  $r_s$ ) measures the strength and direction of association between two ranked variables

## Benefits of QUEST2.0

- QUEST2.0 does not require training and was easily applied by a Allied Health Assisiants
- QUEST2.0 was well received by clients and positive responses noted from clients in the Post Acute Care Setting with Tier 2 type devices.
- Likely to help identify clients for whom an alternative should be sought (may reduce waste)
- Likely to complement existing assessment protocols of AT suitability

Negative non-use after 1 week

11%  
Negative non-use

Negative non use after 4 weeks

17%  
Negative non-use

# Psychosocial Impact of Assistive Devices Scale (PIADS)

Link to  
tool

What does it measure?	Psychosocial Impact of assistive technology
When do you administer?	After AT trial / provision
How long does it take to complete?	Less than 10 minutes
How much does it cost?	Free
How reliable is it?	Acceptable to good (ICC=0.90) test-retest and inter-rater (ICC=0.91) reliability and internal consistency <sup>1,2</sup>
How valid is the tool?	Good content and structural validity <sup>1</sup>
Other versions	Children's, Continance, Short, multiple translations
Additional background collection forms	Wheelchairs, electronic control units, communication aids, writing aids, ventilators

1. Atigossou, O.L.G., Honado, A.S., Routhier, F., & Flamand, V.H. (2023). Psychometric properties of the psychosocial impact of assistive devices scale (PIADS): A systematic review. *Assistive Technology*, 35(3), 211-219.

2. Kenny, S., & Gowran, R. (2014). Outcome measures for wheelchair and seating provision: a critical appraisal. *British Journal of Occupational Therapy*, 77(2), 66-77.

	Decreases	-3	-2	-1	0	1	2	3	Increases
1) competence		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2) happiness		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3) independence		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4) adequacy		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5) confusion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6) efficiency		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7) self-esteem		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8) productivity		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9) security		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10) frustration		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11) usefulness		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12) self-confidence		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13) expertise		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14) skillfulness		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15) well-being		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16) capability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17) quality of life		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18) performance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19) sense of power		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20) sense of control		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21) embarrassment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22) willingness to take chances		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23) ability to participate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24) eagerness to try new things		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25) ability to adapt to the activities of daily living		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26) ability to take advantage of opportunities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

26 questions  
(short form has 10 questions)

Examples include happiness, productivity, and sense of power

# Assistive technology quality of life (ATQoL) scale<sup>1</sup>

Example of how this might be used in a survey

What does it measure?	Impact of assistive technology on quality of life Suitable for use at a service or population level Can measure the combined impact of multiple AT items
When do you administer	After AT trial / provision
How long does it take to complete?	Less than 2 minutes
How much does it cost?	Free
How reliable is it?	Not yet assessed
How valid is the tool?	Good validity

You were provided with [item / items].

1. Because you use these items, how much safer do you feel when you do your daily activities? Would you say,

No more

A little more

A lot more

Does not apply to me

2. Because you use these items, how much more control do you have over your daily activities? Would you say,

No more

A little more

A lot more

Does not apply to me

3. Because you use these items, how much more often do you take part in activities you enjoy? Would you say,

No more

A little more

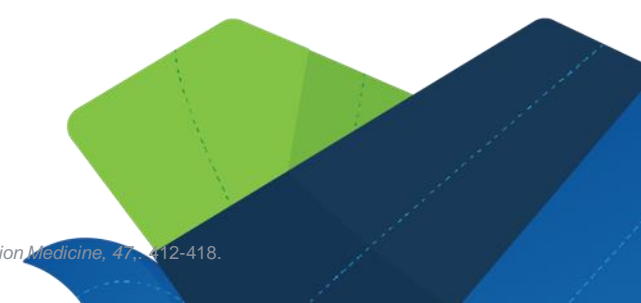
A lot more

Does not apply to me



# Caregiver Assistive Technology Outcome Measure (CATOM)<sup>1</sup>

What does it measure?	Caregiver burden change due to AT
When do you administer	After AT trial / provision
How long does it take to complete?	Less than 10 minutes
How much does it cost?	Free
How reliable is it?	Good test-retest reliability and internal consistency <sup>1</sup>
How valid is the tool?	Good content validity <sup>1</sup>
Other versions	A specific extended version for powered mobility has been created but not publicly available



# CATOM

## Likert scale

1 = a lot more

2 = a little more

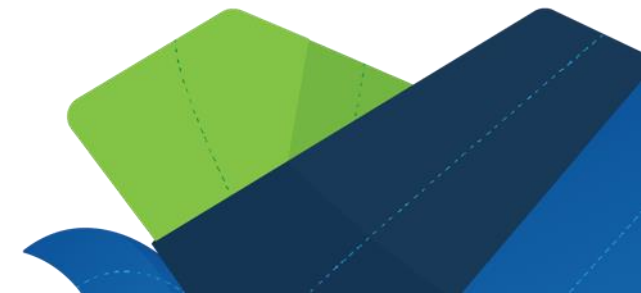
3 = the same

4 = a little less

5 = a lot less

1. How often do you provide any form of assistance with the specified activity?
2. How often do you physically help the person you assist when he/she is performing the identified activity?
3. How often do you feel that you must be nearby?
4. How often do you provide verbal directions or hints?
5. How often do you ever feel that helping requires too much of your time?
6. How often do you feel you may be harmed when you are helping?
7. How often do you feel anxious while the person you assist is performing the activity (whether you're there to help or not)?
8. How often do you feel the person you assist may be harmed?
9. How often do you feel physical tired after helping?
10. How often do you feel the help you are providing results in pain or physical strain?
11. How often do you feel annoyed about having to help with this activity?
12. How often do you feel that the equipment used limits the use of space within your home (or somewhere else)?
13. How often do you feel overwhelmed by the help the person you assist needs?
14. How often do you miss having free time for yourself?
15. How often do you feel the help you are providing limits your work or volunteer activities?
16. How often do you feel the help you are providing limits your recreational and leisure activities?
17. When you consider the help you are providing, how often do you feel that you have more to do than you can handle?
18. How often do you feel the help you are providing strains your social and family relationships?

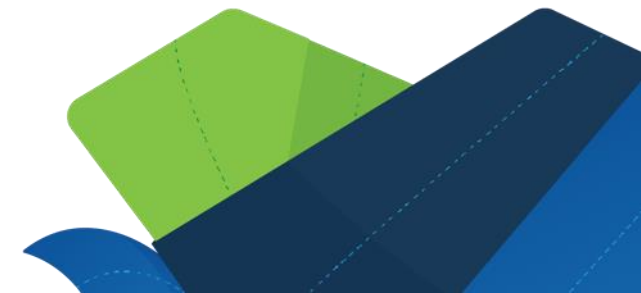
# Wheelchair-specific outcome measures



# Wheelchair Outcome Measure (WhOM)

Link to  
tool

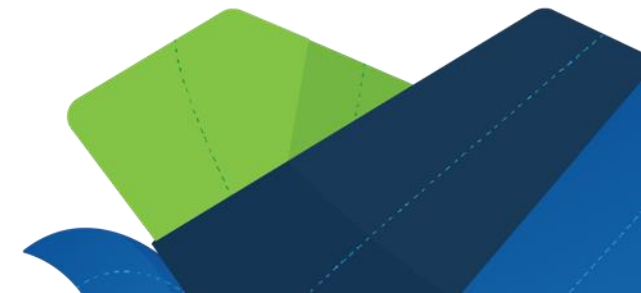
What does it measure?	Impact of wheelchair on activity, participation, body structures and functions
When do you administer	Before and after AT trial / provision
How long does it take to complete?	30 minutes <sup>1</sup>
How much does it cost?	Free
How reliable is it?	Good test-retest (ICC=0.90) and inter-rater (ICC=0.90) reliability <sup>1</sup>
How valid is the tool?	Established content and construct validity <sup>1</sup>
Other versions	Young people, translated into multiple languages



# Wheelchair Outcome Measure (WhOM)

Measures;

- Activities in your home
- Activities outside of your home or in the community
- Comfort
- Satisfaction with positioning
- Skin breakdown

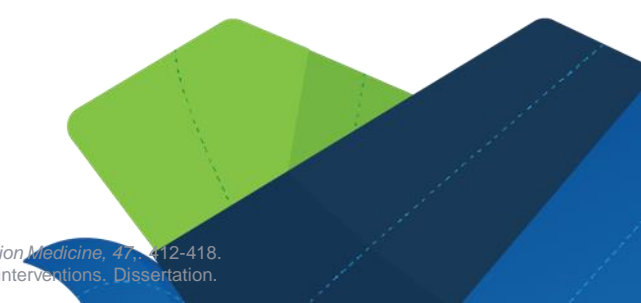


Use this numerical scale to help fill in the table:  
 0 1 2 3 4 5 6 7 8 9 10

Initial assessment Date:			Reassessment Date:
Participation outcomes:	Importance	Satisfaction 1	Satisfaction 2
Eg. Walking the dog <i>Visiting my sister</i> <i>Watching a hockey game</i>	<i>How important is this activity to you?</i>  <b>(0 - 10)</b> 0 = Not at all important 10 = Extremely important	<i>How satisfied are you with your current level of performance of this activity?</i>  <b>(0 - 10)</b> 0 = Not satisfied at all 10 = Extremely satisfied	<i>How satisfied are you with your current level of performance of this activity?</i>  <b>(0 - 10)</b> 0 = Not satisfied at all 10 = Extremely satisfied
i. Walking the dog	4	3	7
ii. Making meals	6	4	6
iii. Attending recreational programs	8	5	9
iv. Using the computer	8	3	9
v. Visiting my sister	9	4	8
Mean satisfaction 1 score =			Score 1
			<input style="width: 50px; text-align: center;" type="text" value="3.8"/>
Mean satisfaction 2 score =			Score 2
			<input style="width: 50px; text-align: center;" type="text" value="7.8"/>
Change in mean satisfaction = Score 2			Score 1
			<input style="width: 50px; text-align: center;" type="text" value="7.8"/> - <input style="width: 50px; text-align: center;" type="text" value="3.8"/> = <input style="width: 50px; text-align: center;" type="text" value="4"/>

# Functioning Everyday with a Wheelchair (FEW)

What does it measure?	Self-rated function (FEW), observed performance in the clinic (FEW-C) and observed performance in the home/community (FEW-P), can be used to directly compare devices <sup>1</sup>
When do you administer	Before and after AT trial / provision
How long does it take to complete?	Less than 15 minutes for FEW <sup>2</sup>
How much does it cost?	Full test in author's dissertation <sup>3</sup> behind paywall (except with university access)
How reliable is it?	Acceptable test-retest reliability (ICC=0.86) for FEW, higher for FEW-C and FEW-P <sup>1,2,3</sup>
How valid is the tool?	Established content validity <sup>2</sup>



# Functioning Everyday with a Wheelchair (FEW)

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Stability, durability, dependability

---

Comfort needs

---

Health needs

---

Operate

---

Reach

---

Transfer

---

Personal care

---

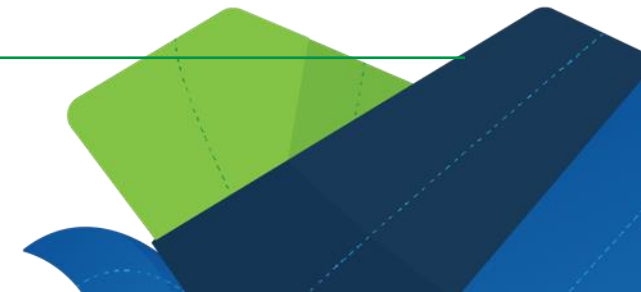
Indoor mobility

---

Outdoor mobility

---

Transportation



Question	Completed agree	Mostly agree	Slightly agree	Slightly disagree	Mostly disagree	Completely disagree	Does not apply
The stability, durability and dependability features of my wheelchair / scooter contribute to my ability to carry out my daily routines as independently, safely and efficiently as possible (e.g., tasks I want to do, need to do, am required to do – when and where needed)							
The size, fit, postural support and functional features of my wheelchair / scooter match my comfort needs as I carry out my daily routines (e.g., heat/moisture, sitting tolerance, pain, stability)							
The size, fit, postural support and functional features of my wheelchair / scooter match my health needs (e.g., pressure sores, breathing, oedema control, medical equipment)							
The size, fit, postural support and functional features of my wheelchair allow me to operate it as independently, safely and efficiently as possible (e.g., do what I want it to do when and where I want to do it)							
The size, fit, postural support and functional features of my wheelchair allow me to reach and carry out tasks at different surface heights as independently, safely, and efficiently as possible (e.g., table, counters, floors, shelves)							
The size, fit, postural support and functional features of my wheelchair allow me to transfer from one surface to another surface as independently, safely and efficiently as possible (e.g., bed, toilet, chair)							
The size, fit, postural support and functional features of my wheelchair allow me to carry out personal care tasks as independently, safely, and efficiently as possible (e.g., dressing, bowel/bladder care, eating, hygiene)							
The size, fit, postural support and functional features of my wheelchair allow me to get around indoors as independently, safely, and efficiently as possible (e.g., home, work, mall, restaurants, ramps, obstacles)							
The size, fit, postural support and functional features of my wheelchair allow me to get around outdoors as independently, safely, and efficiently as possible (e.g., uneven surfaces, dirt, grass, gravel, ramps, obstacles)							
The size, fit, postural support and functional features of my wheelchair allow me to use personal or public transportation as independently, safely, and efficiently as possible (e.g., secure, stow, ride)							



**DURABILITY**

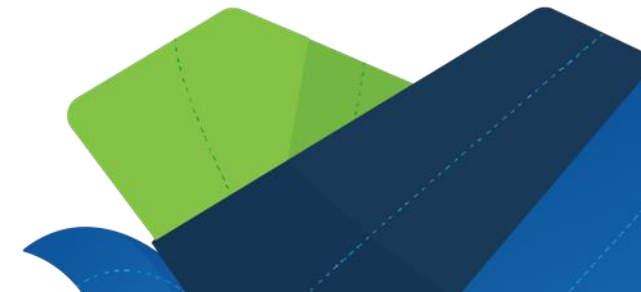
(2a.) In the last month, how many times have you *not* been able to do the tasks you wanted to do, needed to do, or are required to do because of the durability features of your wheelchair/scooter?


<b>0 times</b>	<b>1 – 5 times</b>	<b>6 – 10 times</b>	<b>11 – 15 times</b>	<b>16 – 20 times</b>	<b>≥ 20 times</b>
----------------	--------------------	---------------------	----------------------	----------------------	-------------------

(2b.) Why did your wheelchair/scooter become inoperable or break down? Select as many as apply. If your reason is not listed here, please describe.

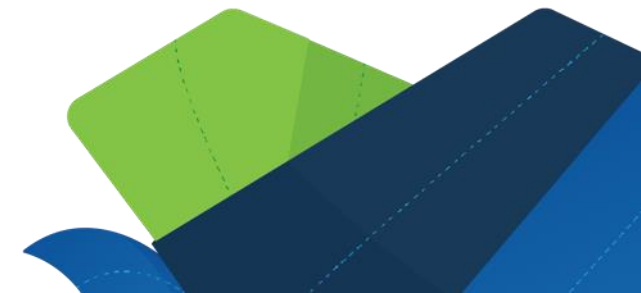
228

<b>New wheelchair/scooter service call/adjustment</b>	<b>Seating system/positioning devices</b>
<b>Wheelchair/scooter frame or hardware</b>	<b>Accessories</b>
<b>Hardware or electronic problem with the controller</b>	<b>Upper/lower body supports</b>
<b>Motor/gear/brake problem</b>	<b>Other</b>
<b>Wheel/caster/tire components</b>	



<p>Based on the <u>size, fit, postural support, and functional features</u> of the wheelchair/scooter:</p> <p><b>Mobility Device used during task:</b>  <input type="checkbox"/> Manual <input type="checkbox"/> Power <input type="checkbox"/> Scooter</p> <p><b>Assistive Technology Devices (ATDs) used during task:</b>                      1.                      2.</p> <p>Total # of ATDs used: _____</p>		INDEPENDENCE DATA			SAFETY DATA				QUALITY DATA				SUMMARY SCORES			FEATURES		
		Verbal Assist	Visual Assist	Physical Assist	Safe practices	Minor risk- no assist	Risk- potential harm	Severe risk- prevent harm	Standards met	SM, Improvement possible	Standards partially met	Standards not met	INDEPENDENCE	SAFETY	QUALITY	STABILITY	DURABILITY	DEPENDABILITY
		VA	V <sup>S</sup> A	PA	SP	MR	PH	SR	SM	IP	PM	NM						
Subtasks	FEW-P Subtasks																	
<p>1.</p> <p>High ↓ Mid-Level</p> <p>Retrieves item from high surface and places it on mid-level surface adequately (holds and places securely, does not over-reach) and efficiently (without dropping, within 1 try, does not struggle)</p> <hr/> <p>Ss position during item retrieval [CHECK ONE]:</p> <p>___ Right side of Ss wheelchair/scooter closest to item</p> <p>___ Left side</p> <p>___ Front</p>  <p>Draw line (→) for angle of item retrieval.</p>	VA	V <sup>S</sup> A	PA									3						
	VA	V <sup>S</sup> A	PA	SP	MR	PH	SR	SM	IP	PM	NM	2						
	VA	V <sup>S</sup> A	PA									1						
	VA	V <sup>S</sup> A	PA									0						

# **AAC-specific outcome measures**



# The Pragmatics Profile for People for Use AAC

Link to tool

What does it measure?	Methods of communication for various tasks, differentiated by understood by familiar people only or understood by all
When do you administer	Sections can be used before to determine scope of change with AAC and other sections after trial/provision of AAC
How long does it take to complete?	Variable depending on sections completed
How much does it cost?	Free
How reliable is it?	Not yet assessed
How valid is the tool?	Not yet assessed
Other versions	Adapted from the Pragmatics Profile of Everyday Communication Skills in Children





# Sample Items from the FIATS-AAC Scale

		Strongly Agree	Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Disagree	Strongly Disagree
10	Others share the caregiving responsibilities for my child.	7	6	5	4	3	2	1
11	My child tells me about her/his day.	7	6	5	4	3	2	1
12	My child's communication disability affects my ability to work outside the home.	7	6	5	4	3	2	1
13	It is hard for me to get anything else done when my child is at home.	7	6	5	4	3	2	1
14	My child likes to be independent.	7	6	5	4	3	2	1
15	My child can phone for help in an emergency.	7	6	5	4	3	2	1
16	I need help from professionals to care for my child.	7	6	5	4	3	2	1
17	More than one person is required to help my child communicate.	7	6	5	4	3	2	1
18	My child knows how to take turns during conversations.	7	6	5	4	3	2	1
19	My child is learning to communicate independently.	7	6	5	4	3	2	1
20	My family needs to give up many other luxuries so my child can have the devices she/he needs.	7	6	5	4	3	2	1
21	My child communicates with other people on the phone.	7	6	5	4	3	2	1

# Language Samples

Prentke Romich Company (PRC) and Saltillo devices have built-in language activity monitoring (LAM)

## QUAD Profile: Morphology Checklist

		Date	Date	Date	Date	Date
Age (years)	Morphology					
2.0 – 2.5	Plural “s” (e.g., <i>dogs, shoes, chairs</i> )					
2.0 – 2.5	Possessive “’s” (e.g., <i>mom’s coat, dad’s car</i> )					
2.0 – 2.5	First / second person ( <i>I, me, you</i> )					
2.5 – 3.0	Gender ( <i>he, she, they</i> )					
2.5 – 3.0	Present progressive ( <i>-ing</i> ending)					
2.5 – 3.0	3 <sup>rd</sup> person singular ( <i>-s</i> ending e.g. <i>eats, wants</i> )					
2.5 – 3.0	Uncontracted aux/copula ( <i>is/are</i> : e.g. <i>He is washing</i> )					
2.5 – 3.0	Contracted aux/copula ( <i>’s/’re</i> : e.g., <i>He’s tired</i> and <i>We’re hungry</i> )					
2.5 – 3.0	Regular past tense ( <i>-ed</i> ending e.g., <i>She washed the dishes</i> )					
2.5 – 3.0	<i>in, on, under</i>					
3.0 – 3.5	Future tense ( <i>going to</i> and <i>will</i> )					
3.0 – 4.0	Object Pronoun ( <i>him, her, us, them</i> )					
3.5 – 4.0	Irregular past tense (e.g., <i>wrote, ate, drank, slept, went</i> )					
3.5 – 4.0	Possessive Pronouns ( <i>his, hers, ours, theirs</i> )					
3.5 – 4.0	S-V inversion (e.g., <i>are you..., is he..., will they...?</i> )					
3.5 – 4.0	Question words ( <i>what, where, who, when, why, which, how</i> )					

ISAAC - Data Privacy and Security for AAC  
<https://www.assistiveware.com/blog/aac-data-collection-and-privacy>

# MASS Communication Aids Trial Information and Pro Forma

Queensland Government Medical Aids Subsidy Scheme (MASS) Queensland Health

(Affix identification label here)

Family name: \_\_\_\_\_

Given name(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender:  M  F  I

Communication Aids Trials continued...

Rate each out of 3; 1 = Poor, 2 = Fair/unsure, 3 = Good

Outcomes regarding the applicant's use of the device/software

Outcome	Applicant's Self Rating			Team's Rating of Applicant		
	1	2	3	1	2	3
<b>Linguistic Competence</b>						
• Understanding of letter/word/symbol displays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Relevant/appropriate selection of keys/cell to convey meaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- With prompting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Operational Competence</b>						
• On/off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Volume Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Understanding Vocabulary storage system (levels/page navigation etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ability to scan/search displays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Social competence/participation</b>						
• Ability to initiate, maintain and terminate communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Turn taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Express a range of communicative function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Requesting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Greeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Choice making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Directing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Commenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Questioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Use with familiar people in familiar environments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Use with unfamiliar people in unfamiliar environments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Strategic Competence</b>						
• Ability to cope with communication breakdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ability to correct errors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ability to ask for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Psychosocial Factors influencing communicative competence</b>						
• Motivation to use device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Confidence using the device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other comments on outcomes</b>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

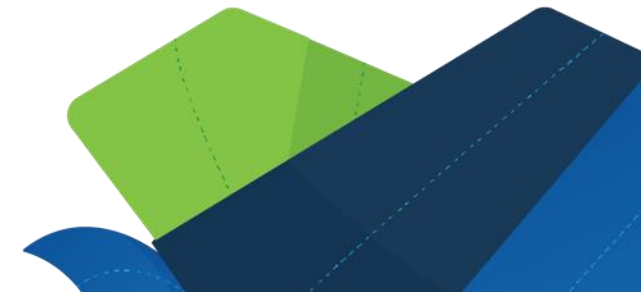
Outcomes regarding the family/carers knowledge, skills and confidence in supporting the device/software.

Family/Carer Self Rating	1	2	3
• Understanding of the language system – letters/words/symbols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Understanding of how to model and facilitate communication interactions using the device/software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Understanding and confidence in the ability to manage the operational features of the device/software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ability and resources to customise vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Knowledge and skills to set up accessing equipment (if required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Enjoyment and motivation to support device/software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page 3 of 9

- Linguistic competence
- Operational competence
- Social competence / participation
- Strategic competence
- Psychosocial factors
- Family/Carer Self Rating

[Link to tool](#)

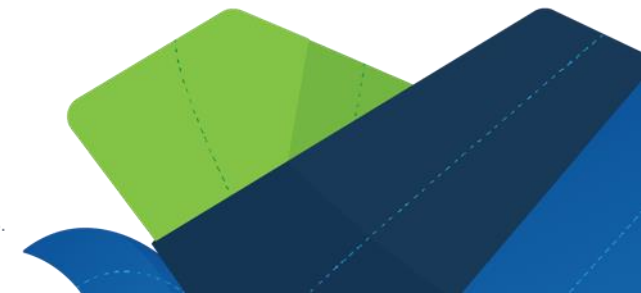


**Outcome measures that evaluate the impact of assistive technology on function and other related outcomes**



# Goal attainment scaling

What does it measure?	Achievement of individualised goals (including functional goals) set by the client in collaboration with the health professional
When do you administer	Set before AT trial / provision, measured after
How long does it take to complete?	5-10 minutes
How much does it cost?	Free
How reliable is it?	Difficult to establish due to individualised goals and variable approaches <sup>1</sup>
How valid is the tool?	Strong validity across various populations <sup>2</sup>
Other versions	



## Goal Attainment Scaling (GAS) Record Sheet

Patient Name:..... Age.....

Hospital No:..... Discharge date:.....

Keyworker:.....

**Importance to patient:** score Important , Very Important, Extremely important.  
**Difficulty** of achieving (professionals): score Not difficult, Minor difficulty, Moderate difficulty, Extreme difficulty  
 Goal attainment **baseline:** usually set at some function, or No function, (as bad as it can be)  
**Goal attainment score:** As expected = achieves goal as expected. partially achieved = some improvement but goal not achieved, same as baseline = no change, a little better = achieved more than the goal, Much better – over achieved goal

Patient stated goal	SMART goal	Importance	Difficulty of achieving	Baseline	Achieved	Variance (Describe achievement if differs from expected)
1		<input type="checkbox"/> Imp <input type="checkbox"/> v.imp <input type="checkbox"/> Ex.imp	<input type="checkbox"/> Not difficult <input type="checkbox"/> Minor difficulty <input type="checkbox"/> Mod difficulty <input type="checkbox"/> Extreme difficulty	<input type="checkbox"/> Some function <input type="checkbox"/> No function (as bad as can be)	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Much better <input type="checkbox"/> A little better <input type="checkbox"/> <b>As expected</b>  <input type="checkbox"/> Part achieved <input type="checkbox"/> Same as baseline <input type="checkbox"/> Worse
		<i>Baseline function</i>				
2		<input type="checkbox"/> Imp <input type="checkbox"/> v.imp <input type="checkbox"/> Ex.imp	<input type="checkbox"/> Not difficult <input type="checkbox"/> Minor difficulty <input type="checkbox"/> Mod difficulty <input type="checkbox"/> Extreme difficulty	<input type="checkbox"/> Some function <input type="checkbox"/> No function (as bad as can be)	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Much better <input type="checkbox"/> A little better <input type="checkbox"/> <b>As expected</b>  <input type="checkbox"/> Part achieved <input type="checkbox"/> Same as baseline <input type="checkbox"/> Worse
		<i>Baseline function</i>				
3		<input type="checkbox"/> Imp <input type="checkbox"/> v.imp <input type="checkbox"/> Ex.imp	<input type="checkbox"/> Not difficult <input type="checkbox"/> Minor difficulty <input type="checkbox"/> Mod difficulty <input type="checkbox"/> Extreme difficulty	<input type="checkbox"/> Some function <input type="checkbox"/> No function (as bad as can be)	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Much better <input type="checkbox"/> A little better <input type="checkbox"/> <b>As expected</b>  <input type="checkbox"/> Part achieved <input type="checkbox"/> Same as baseline <input type="checkbox"/> Worse
		<i>Baseline function</i>				
Date Set.....						

Baseline GAS T-score:	Achieved GAS T-score	Change in GAS T Score	Date.....
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# Example Goal for Marsha (MND)

<b>Score</b>	<b>Attainment Level / Outcome</b>
Baseline (skill level at start of trial) <b>-2</b>	<b>Using a text to speech device, Marsha constructs a full message with regular spelling errors, slow speed (&gt;6 mins) and some effort.</b>
Less than expected outcome <b>-1</b>	<b>Using a text to speech device, Marsha will construct a full message with regular spelling errors, slow speed (&gt;4 – 6 mins) and some effort.</b>
Expected outcome <b>0</b>	<b>Using a text to speech device, Marsha will construct a full message with regular spelling errors, regular speed (&gt;2 - 4 mins) without effort.</b>
Greater than expected outcome <b>+1</b>	<b>Using a text to speech device, Marsha will construct a full message with minimal spelling errors, adequate speed (&gt;0 - 2 mins) without effort.</b>
Much greater than expected outcome <b>+2</b>	<b>Using a text to speech device, Marsha will construct a full message with no spelling errors, adequate speed (&gt;0 - 2 mins) without effort.</b>

# Example Goal for Tara (DD)

Score	Attainment Level / Outcome
Baseline (skill level at start of trial) <b>-2</b>	Given a static simple communication device, Tara will lift up her sipper cup and shake it to indicate that she want 'more drink', to communicate a basic need/want.
Less than expected outcome <b>-1</b>	Given a static simple communication device, Tara will lift up her sipper cup and shake it to indicate that she want 'more drink', and with visual and verbal requests will attend to modelling of a choice between two high contrast symbols on the device to communicate a basic need/want.
Expected outcome <b>0</b>	<b>Given a static simple communication device, Tara will attempt to request that she wants a drink by choosing a high contrast symbol from a choice of two on the device, with 50% accuracy to communicate a basic need/want.</b>
Greater than expected outcome <b>+1</b>	Given a static simple communication device, Tara will attempt to request that she wants a drink by choosing a high contrast symbol from a choice of two on the device, between 50% and 75% accuracy to communicate a basic need/want.
Much greater than expected outcome <b>+2</b>	Given a static simple communication device, Tara will attempt to request that she wants a drink by choosing a high contrast symbol from a choice of two on the device, between 75% and 100% accuracy to communicate a basic need/want.

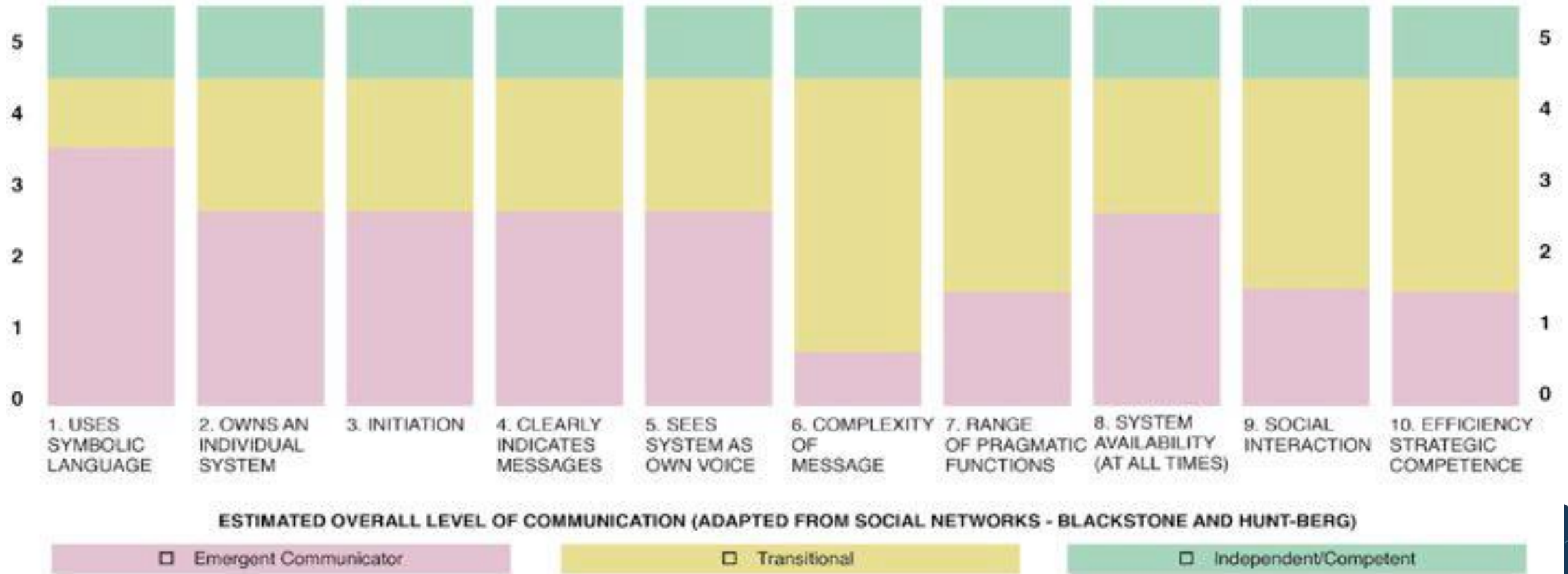
# Service level metrics examples

Routine data  
collection  
and analysis

Periodic  
audits

Periodic  
surveys

# ROCC: The Roadmap of Communicative Competence



# Resources (outcome measure forms)



[Link to printable outcome measure toolkit](#)

<b>PSYCHOSOCIAL IMPACT OF ASSISTIVE DEVICES SCALE short-form (PIADS-10)</b>	Name: Address: DOB: UR number:	Or affix label here
Diagnosis		
Device		
<i>Instructions:</i> Each word or phrase below describes how using an assistive device may affect a user. Some might seem unusual but it is important that you answer every one of the 26 items. So, for each word or phrase, put an "X" in the appropriate box to show how you are affect by using the device.		
	Decreases -3 -2 -1 0 1 2 3 Increases	
Ability to adapt to the activities of daily living	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1
Ability to participate	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2
Ability to take advantage of opportunities	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3
Eagerness to try new things	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4
Happiness	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5
Independence	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6
Productivity	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7
Quality of life	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	8
Self-esteem	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9
Sense of control	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10
Completed by		
Name:		
Designation:		
Signature:		
Date:		

# Certificate, feedback form, questions



[Link to feedback form](#)

Complete the webinar  
feedback form to  
receive a  
personalised  
certificate of  
attendance.

