

Health Record Number	
Name of Client	
Name of Parent	
Today's Date	

Family Impact of Assistive Technology Scale for AAC (FIATS-AAC)

PLEASE READ: This questionnaire will help us to learn a bit about you, your child, and your family life as it relates to your child's face-to-face communication. Please complete the questionnaire by saying how much you agree with each statement. For instance, the first item says: *'My child needs help from others when communicating.'* If you strongly agree with this statement because your child always needs help from others when communicating, circle '7'. If you strongly disagree because your child never needs help, then circle '1'. Circle one of the other numbers if you agree or disagree to a lesser amount. Please circle only one rating for each statement.

		Strongly Agree	Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Disagree	Strongly Disagree
1	My child needs help from others when communicating.	7	6	5	4	3	2	1
2	My child lets me know if something is wrong.	7	6	5	4	3	2	1
3	I need more support from family members when caring for my child.	7	6	5	4	3	2	1
4	I find it easy to play with my child.	7	6	5	4	3	2	1
5	My child needs a lot of help to be understood.	7	6	5	4	3	2	1
6	Being independent improves my child's self-esteem.	7	6	5	4	3	2	1
7	My child tells me what she/he wants.	7	6	5	4	3	2	1
8	My child has a tough time starting a conversation with people.	7	6	5	4	3	2	1
9	If my child got lost, she/he could ask someone for directions.	7	6	5	4	3	2	1

		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
22	All family members take turns supporting my child when going out into the neighborhood.	7	6	5	4	3	2	1
23	My child is very sociable.	7	6	5	4	3	2	1

		Strongly Agree	Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Disagree	Strongly Disagree
24	My child communicates with family members.	7	6	5	4	3	2	1
25	I feel my child is safe if I leave her/him with another babysitter/caregiver.	7	6	5	4	3	2	1
26	My child communicates with people with whom she/he is less familiar.	7	6	5	4	3	2	1
27	I find it tiring to help my child communicate.	7	6	5	4	3	2	1
28	My child's communication disability affects family finances.	7	6	5	4	3	2	1
29	I do most of the caregiving for my child at home.	7	6	5	4	3	2	1
30	We watch our finances because of my child's communication disability.	7	6	5	4	3	2	1
31	Other people understand my child.	7	6	5	4	3	2	1
32	It is very demanding saying what my child wants to others.	7	6	5	4	3	2	1
33	My child knows how to keep a conversation going.	7	6	5	4	3	2	1
34	Everyone in my family knows how to communicate with my child.	7	6	5	4	3	2	1
35	My child plays with friends.	7	6	5	4	3	2	1
36	Communication devices for my child make it difficult for my family to afford anything else.	7	6	5	4	3	2	1
37	My child tells me when she/he is afraid.	7	6	5	4	3	2	1

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38	My child's independence is increasing.	7	6	5	4	3	2	1
39	My child communicates her/his ideas.	7	6	5	4	3	2	1
40	Much of my time during the day is spent helping my child to communicate.	7	6	5	4	3	2	1
41	My child participates in community activities.	7	6	5	4	3	2	1
42	My child tells me when she/he feels sick.	7	6	5	4	3	2	1
43	My child needs my help to communicate with others.	7	6	5	4	3	2	1
44	My child converses well with friends.	7	6	5	4	3	2	1
45	It is hard work helping my child with homework.	7	6	5	4	3	2	1
46	My child could never go out in the neighbourhood on her/his own.	7	6	5	4	3	2	1
47	My child prefers to communicate with me rather than other family members.	7	6	5	4	3	2	1
48	My child socializes with others at mealtime.	7	6	5	4	3	2	1
49	My child's teacher is satisfied with my child's performance in school.	7	6	5	4	3	2	1
50	Other family members need to help me care for my child.	7	6	5	4	3	2	1
51	My child must be with others to be content.	7	6	5	4	3	2	1

		Strongly Agree	Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Disagree	Strongly Disagree
52	I have difficulty managing my child's behavior.	7	6	5	4	3	2	1
53	My child can spend a long time doing one activity.	7	6	5	4	3	2	1
54	My child can communicate with others.	7	6	5	4	3	2	1
55	My child enjoys school.	7	6	5	4	3	2	1
56	I need longer breaks from watching my child.	7	6	5	4	3	2	1
57	My child gets frustrated easily.	7	6	5	4	3	2	1
58	I have little time to get chores done around the house.	7	6	5	4	3	2	1
59	My child behaves well around me.	7	6	5	4	3	2	1
60	I have trouble coping with the demands of caring for my child.	7	6	5	4	3	2	1
61	My child participates in the classroom.	7	6	5	4	3	2	1
62	My child likes to explore her/his surroundings.	7	6	5	4	3	2	1
63	My child acts appropriately towards other family members.	7	6	5	4	3	2	1
64	My child wants to be with me when I leave the room.	7	6	5	4	3	2	1
65	I would like to get more breaks from caring for my child.	7	6	5	4	3	2	1

		Strongly Agree	Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Disagree	Strongly Disagree
66	My child is performing well in school.	7	6	5	4	3	2	1
67	I would like to spend more time with my other family members.	7	6	5	4	3	2	1
68	My child gets bored easily.	7	6	5	4	3	2	1
69	My child can play games.	7	6	5	4	3	2	1
70	My child is well behaved at school.	7	6	5	4	3	2	1
71	I must take my child with me when I go from one room to another.	7	6	5	4	3	2	1
72	I need to get more things done around the house.	7	6	5	4	3	2	1
73	My child can be happy when I am not holding her/him.	7	6	5	4	3	2	1
74	I am concerned about my child's safety when she/he is left alone.	7	6	5	4	3	2	1
75	My child participates in extra-curricular activities at school.	7	6	5	4	3	2	1
76	My child can use her/his hands to play.	7	6	5	4	3	2	1
77	I need help to take care of my child.	7	6	5	4	3	2	1
78	I am satisfied with my child's achievement of personal goals at school.	7	6	5	4	3	2	1
79	My child feels self-confident.	7	6	5	4	3	2	1

		Strongly Agree	Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Disagree	Strongly Disagree
80	A family member needs to be near my child during the day.	7	6	5	4	3	2	1
81	I wish my child could give me a few minutes to myself each day.	7	6	5	4	3	2	1
82	I am concerned about the way my child behaves.	7	6	5	4	3	2	1
83	My child can control toys without help.	7	6	5	4	3	2	1
84	My child is proud of her/his schoolwork.	7	6	5	4	3	2	1
85	My child can be happy when left alone to play.	7	6	5	4	3	2	1
86	My child needs me nearby to do many activities.	7	6	5	4	3	2	1
87	My child disrupts her/his classmates.	7	6	5	4	3	2	1
88	I can manage my child on my own.	7	6	5	4	3	2	1
89	My child likes to be near me.	7	6	5	4	3	2	1