Weighted Modality Rating Tool

Patient’s name: _______________________________________________________
Date: ___________________________
Completed by: ___________________________________ □Patient □Staff

Type(s) of weighted modality used by patient:
___ Weighted Blanket
___ Weighted Vest
___ Lap Pad
___ Weighted Animal

Amount of weight used in the weighted modality : ________pounds

Fabric type used against your body (please check one):
☐ Cotton    ☐ Fleece    ☐ Flannel    ☐ Neoprene/velux
☐ Other (type): ______________________________________________________

Goals for use (Please check all that apply):
To:  ☐ Self-soothe  ☐ Calm  ☐ Distract  ☐ Sleep Hygiene
☐ Feel more safe  ☐ Increase self-control  ☐ Grounding  ☐ Centering
☐ To change my mood  ☐ To prevent the onset of symptoms
☐ To support the ability to function  ☐ To promote wellness &/or recovery
☐ As part of your daily routine

Do you feel like your ability to function has been impacted by the use of the weighted modality? (please check all that apply):
☐ Decreased/increased feelings of safety/security
☐ Decreased/increased self-care (e.g., showering, hygiene, nail & dental care etc.)
☐ Decreased/increased leisure participation
☐ Decreased/increased social participation
☐ Decreased/increased sleep/rest
☐ Decreased/increased participation in therapy sessions &/or therapeutic groups
☐ Decreased/increased work or educational participation

Time(s) of day most often used & how long it was used for (please check all that apply):
☐ Day   How long?_______Hours/_______minutes
☐ Other:_________________________________________ how long?__________Hours/_______minutes

Please circle the number that best describes how effective the weighted modality has been for you over the last month:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Good</td>
<td>Good</td>
<td>Fair</td>
<td>Little/No Effect</td>
<td>Made Worse</td>
</tr>
</tbody>
</table>
Weighted Modality Self-rating Tool

Patient’s name: _______________________________________________________
Date: __________________________

Did you change the amount of weight or fabric type you preferred to use against your body?
□ Yes □ No
If yes, please explain below:
Amount of weight: __________________________________________________________
Fabric Type: _______________________________________________________________

Did the use of the weighed modality cause any adverse (negative) effects?
□ Yes □ No
If yes, please explain: _______________________________________________________

Please rank each of the varied qualities according to how each influenced how effective the use of the weighted modality is for you:

<table>
<thead>
<tr>
<th></th>
<th>Extremely Important</th>
<th>Somewhat Important</th>
<th>Not Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight (pressure):</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Warmth (temperature):</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feel of fabric (tactile):</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Color/pattern of the fabric:</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Voluntarily used (not forced):</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Please use the space below to report any additional comments or questions:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Thank you!

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