

SQUEASE™

Evaluation Booklet



An inflatable deep pressure vest that helps you cope with stress, anxiety and sensory overload



EVALUATING THE EFFECT OF THE SQUEASE PRESSURE VEST

In order to assess how the Squease pressure vest is making a difference, we recommend you monitor the general behavior, emotional state, and responses to triggers that may challenge daily life, both before and after using the pressure vest for several weeks: the evaluation period. This booklet has been created to help you document observations and assess changes.

Before the first use of the vest, complete the **blue** sections of the booklet:

- general questions about you, your diagnosis and how you intend to use the vest on pages [4-5], and
- columns A, B and C of the table on page [6].

At the end of the evaluation period (or after the pressure vest has been used for at least one week) complete the **green** sections of the booklet:

- columns D, E, F and G of the table on page [7], and
- the evaluation questions on pages [9-11].

If you would like to receive a digital copy of this document, please visit www.ablenetinc.com and go to the Squease product page.

Enjoy using your pressure vest!



Last year I attended an Autism conference, where I wore a Squease vest for the entire afternoon. This helped me to make it to the end of the conference day. Without the vest, I would have quickly become over-stimulated.

- Mirjam

HOW TO COMPLETE THE TABLES

Questions A - G correspond to the columns in the tables on pages [6-7].

A] Select the boxes of the relevant challenges you'd like to monitor, adding unspecified challenges, as required.	
B] On a scale of 1– 4, which of these statements best describes the frequency of this challenge in the month prior to the vest being used:	Options: 1. Never 2. Occasionally (few times per month) 3. Frequently (few times per week) 4. Very frequently (at least once a day)
C] On a scale of 1– 4, which of these statements best describes the severity of this challenge in the month prior to the vest being used:	Options: 1. Not applicable 2. Mild 3. Severe 4. Very Severe
D] On a scale of 1– 4, which of these statements best describes the frequency of this challenge after using the vest during an evaluation period:	Options: 1. Never 2. Occasionally (few times per month) 3. Frequently (few times per week) 4. Very frequently (at least once a day)
E] On a scale of 1– 4, which of these statements best describes the severity of this challenge after using the vest during an evaluation period:	Options: 1. Not applicable 2. Mild 3. Severe 4. Very Severe
F] Compare the frequency and severity scores before using the vest with the frequency and severity scores after using the vest. Is the new score:	Options: -1. Worse 0. Same 1. Better 2. Substantially better
G] To what extent do you think these changes are a result of using the Squease pressure vest:	Options: 1. Not at all 2. To some extent 3. To a large extent 4. Entirely n/a. Can't say / don't know

General questions

Date: _____

Completed by (name): _____

Title (if applicable): _____

Organization (if applicable): _____

Details of user

Name or initials (for anonymity): _____

Gender: m f Date of birth: _____

The user of the Squease pressure vest has been diagnosed with (please select all that apply):

- Autism Spectrum Disorder (ASD)
 - Attention Deficit Disorder (ADD)
 - Attention Deficit Hyperactivity Disorder (ADHD)
 - Asperger's Syndrome (AS)
 - Pervasive Developmental Disorder (PDD / PDD-NOS)
 - Sensory Integration Disorder (SID) / Sensory Processing Disorder (SPD)
 - Highly Sensitive Person (HSP)
 - Anxiety Disorder
 - Sleeping Disorder
 - Other: _____
- _____

Notes:

Intended use of the Squeeze pressure vest

Describe when and how the pressure vest will be used. This can be specific to time, activity, arousal level or any combination of these. For further guidance, see the section 'Each user is unique' on page [10] of the user manual.

When will the pressure vest be worn?	When will the pressure vest be inflated?	How long will the vest be inflated for?

Notes:

COMPLETE **BEFORE** USING THE PRESSURE VEST

For explanatory notes to the table please refer to page 3

A] Select the boxes of the challenges you'd like to monitor	B] Score from 1 to 4 (frequency)	C] Score from 1 to 4 (severity)
<input type="checkbox"/> Feels agitated / overstimulated / stressed / anxious	1 2 3 4	1 2 3 4
<input type="checkbox"/> Has difficulty dealing with rising tension / frustration (e.g. arguing or unexpected events)	1 2 3 4	1 2 3 4
<input type="checkbox"/> Exhibits complex behaviour (e.g. shut-down, aggression, tantrum or self-injury)	1 2 3 4	1 2 3 4
<input type="checkbox"/> Has difficulties falling or staying asleep	1 2 3 4	1 2 3 4
<input type="checkbox"/> Has poor body awareness / poor posture	1 2 3 4	1 2 3 4
<input type="checkbox"/> Has problems with concentrating / following instructions / completing an activity independently	1 2 3 4	1 2 3 4
<input type="checkbox"/> Has problems in making transitions between activities	1 2 3 4	1 2 3 4
<input type="checkbox"/> Experiences difficulties in stimulus-rich environments (e.g. supermarket, birthday party, bus)	1 2 3 4	1 2 3 4
<input type="checkbox"/> Finds it difficult to participate in social situations (e.g. group discussions or meetings)	1 2 3 4	1 2 3 4
<input type="checkbox"/> Feels unsafe, uncomfortable or insecure	1 2 3 4	1 2 3 4
<input type="checkbox"/> Feels unhappy / sad / dissatisfied	1 2 3 4	1 2 3 4
<input type="checkbox"/> (please add)	1 2 3 4	1 2 3 4
<input type="checkbox"/> (please add)	1 2 3 4	1 2 3 4
<input type="checkbox"/> (please add)	1 2 3 4	1 2 3 4

COMPLETE AFTER USING THE PRESSURE VEST

For explanatory notes to the table please refer to page 3

D] Score from 1 to 4 (frequency)	E] Score from 1 to 4 (severity)	F] Score from 1 to 2	G] Score from 1 to 4
1 2 3 4	1 2 3 4	-1 0 1 2	1 2 3 4 n/a
1 2 3 4	1 2 3 4	-1 0 1 2	1 2 3 4 n/a
1 2 3 4	1 2 3 4	-1 0 1 2	1 2 3 4 n/a
1 2 3 4	1 2 3 4	-1 0 1 2	1 2 3 4 n/a
1 2 3 4	1 2 3 4	-1 0 1 2	1 2 3 4 n/a
1 2 3 4	1 2 3 4	-1 0 1 2	1 2 3 4 n/a
1 2 3 4	1 2 3 4	-1 0 1 2	1 2 3 4 n/a
1 2 3 4	1 2 3 4	-1 0 1 2	1 2 3 4 n/a
1 2 3 4	1 2 3 4	-1 0 1 2	1 2 3 4 n/a
1 2 3 4	1 2 3 4	-1 0 1 2	1 2 3 4 n/a
1 2 3 4	1 2 3 4	-1 0 1 2	1 2 3 4 n/a
1 2 3 4	1 2 3 4	-1 0 1 2	1 2 3 4 n/a
1 2 3 4	1 2 3 4	-1 0 1 2	1 2 3 4 n/a
1 2 3 4	1 2 3 4	-1 0 1 2	1 2 3 4 n/a
1 2 3 4	1 2 3 4	-1 0 1 2	1 2 3 4 n/a
1 2 3 4	1 2 3 4	-1 0 1 2	1 2 3 4 n/a
1 2 3 4	1 2 3 4	-1 0 1 2	1 2 3 4 n/a
1 2 3 4	1 2 3 4	-1 0 1 2	1 2 3 4 n/a
1 2 3 4	1 2 3 4	-1 0 1 2	1 2 3 4 n/a



'While using Squease my concentration improved significantly. The pressure literally 'keeps me in my body', a pleasant and safe feeling!

Without anyone noticing I'm safely inside my cocoon!'

- Jeanne



'Willem has worn the deep pressure vest at night and did not get out of bed those nights. He seemed very satisfied when I tucked him in. Priceless, such a smile!'

- Willem's mom



'Sometimes I notice I have a strong need for deep pressure. Deep pressure should prevent me from harming myself or getting aggressive, when I feel stressed or when things are unclear. With the vest my self-harming behaviour has become less.'

- Leonie

On average, how often has the pressure vest been used during the evaluation period?

- Every day, several times a day
- At least once a day
- Two or more times a week
- Once a week
- Once every two weeks
- Once a month
- Not at all

On average, how often has the pressure vest been used just before going to sleep or at night, during the evaluation period?

- Every night, several times a night
- At least once an evening/night
- Two or more nights a week
- One night a week
- One night every two weeks
- One night a month
- Not at all

Notes:

Describe the effect of using a Squease pressure vest.

Describe what you like about the Squease pressure vest.

Describe what you would like to change about the Squease pressure vest.

Please leave any other comments, suggestions or remarks here.

SQUEASE™

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