

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:

1	2	3	4	5
Very Good	Good	Fair	Little/No Effect	Made Worse

Weighted Modality Self-rating Tool

Patient's name: _____

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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:

	Extremely Important	Somewhat Important	Not Important
Weight (pressure):	1	2	3
Warmth (temperature):	1	2	3
Feel of fabric (tactile):	1	2	3
Color/pattern of the fabric:	1	2	3
Voluntarily used (not forced):	1	2	3

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

Thank you!