

Evaluation booklet



SQUEASE™

EVALUATION OF THE EFFECTS OF THE SQUEASE PRESSURE VEST

To properly examine the effects of the Squease pressure vest, we recommend starting with 1-2 problems / moments that you find difficult and comparing the situation before using the pressure vest with the period in which the pressure vest is used: the evaluation period.

This evaluation booklet can help to make a clear plan for when and how the pressure vest is used and to visualize the changes in behavior, emotion and reactions in everyday situations. In this way, the effects of the Squease pressure vest can be assessed.

Prior to deploying the pressure vest, complete the **blue sections**. At the end of the evaluation period (or when the vest has been deployed for at least two weeks), complete the **green sections**.

Have fun with the pressure vest!

A big hug from

Nikki & Renée

PS: do you already follow us on Facebook, Instagram or TikTok. Through social media we distribute tips to use the pressure vest in the best way possible.

*“Ever since he was born, stimuli have been coming in very strongly and Thijmen has had trouble dealing with them. He has been using the vest for a few months now. It gives him **peace of mind** in difficult situations. He takes the vest to school, proudly shows it to everyone and already knows how to use it well himself! I can recommend it to everyone.”*

- Mom of Thijmen (4)



Consider which 1-2 times you want to explore whether the pressure vest can help. The most common situations/problems where a Squease deep pressure vest is used are listed below:

- **Over-stimulation:** meltdowns, crying fits, tantrums, feeling unsafe, stress, anxiety, panic, aggression
- **Under-stimulation:** being absent, daydreaming, low alertness
- **Sleep problems:** difficulty falling asleep or staying asleep
- **Concentration problems:** problems with focus, concentration, following instructions, completing an activity independently
- **Restlessness / a full head:** (movement) restlessness, a busy full head, brooding
- **Stimulating environments:** experiencing problems in stimulating environments e.g. supermarket, birthday, bus, amusement park or busy room
- **Social situations:** problems participating in social situations e.g. (group) conversations, birthdays or meetings.
- **Increasing tension:** difficulty coping with increasing tension e.g. in arguments or unexpected events
- **Problem behavior:** e.g. becoming unreachable, drowning out “annoying” stimuli (in unwanted ways), anger, tantrums, aggression or self-harm
- **Little body awareness:** e.g. bumping into things, not feeling well when thirsty, tired or needing to pee
- **Fragmented perception:** experiencing the environment fragmented rather than as a whole
- **Transitional moments:** difficulty making transitions between activities
- Being insecure or not daring to do much
- Feeling unhappy, gloomy or uncomfortable

FILL IN BEFORE DEPLOYING THE SQUEASE PRESSURE VEST

General questions

Date: _____

Completed by (name): _____

Details of the person who will deploy the pressure vest

First name: _____

Age: _____

Diagnosis (if known): _____



When and how is the Squease pressure vest used??

Depending on the chosen situations / problems this can be e.g. time-bound, activity related or tension level related. For an explanation of how the the pressure vest is used in the user manual.

When is the vest put on (empty)?

E.g. in the morning when getting dressed or prior to a difficult activity.

How long does the vest remain inflated?

E.g. for the duration of the activity or when the tension has subsided.

When is the vest put on (empty)?

E.g. in the morning when dressing or prior to a difficult activity.

FILL OUT **BEFORE** DEPLOYING SQUEASE PRESSURE VEST

Describe situation / problem 1 before deploying the pressure vest:

Choose **1-2 situations/problems** in which you want to investigate whether the Squease deep pressure vest helps and score how big the problem is. What happens when this situation occurs? What do you find difficult? How do you feel? What do you do now in such a situation?

How intense is this situation/problem?

Not intense 1 | 2 | 3 | 4 | 5 Very intense

How often does this situation/problem occur?

Almost never 1 | 2 | 3 | 4 | 5 Very often

FILL OUT **AFTER** DEPLOYING THE SQUEASE PRESSURE VEST

Describe the effect of the pressure vest on situation / problem 1:

How does the vest help you in this situation / problem? How do you feel with the pressure vest?

How intense is this situation/problem?

Not intense 1 | 2 | 3 | 4 | 5 Very intense

How often does this situation/problem occur?

Almost never 1 | 2 | 3 | 4 | 5 Very often

FILL OUT **BEFORE** DEPLOYING SQUEASE PRESSURE VEST

Describe situation / problem 2 before deploying the pressure vest:

What happens when this situation occurs? What do you find difficult? How do you feel? What do you do now in such a situation?

FILL OUT **AFTER** DEPLOYING THE SQUEASE PRESSURE VEST

Describe the effect of the pressure vest on situation / problem 2:

How does the vest help you in this situation / problem? How do you feel with the pressure vest?

How intense is this situation/problem?

Not intense 1 | 2 | 3 | 4 | 5 Very intense

How often does this situation/problem occur?

Almost never 1 | 2 | 3 | 4 | 5 Very often

How intense is this situation/problem?

Not intense 1 | 2 | 3 | 4 | 5 Very intense

How often does this situation/problem occur?

Almost never 1 | 2 | 3 | 4 | 5 Very often

Now that you have deployed the pressure vest for several weeks you can see if the deep pressure has helped you. Compare your answers and scores prior to deploying the Squease pressure vest with those at the end of the evaluation period.

What changes/improvements do you experience? Have your scores gone down? Is it less frequent or less intense?

Are there perhaps other times when the vest helps you?

Describe what you like about the Squease pressure vest.

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

Questions, comments, suggestions, tips

We would like to receive a copy of your booklet at the end of the evaluation period. We are curious about your findings and feedback. We use this information to better guide others in using the pressure vest and to improve Squease products. Please email us at nikki@squeasewaer.com

How was the pressure vest deployed during the evaluation period?

At what times was the vest put on?

Was the vest worn throughout the day or only at times when it was also inflated?

At what times was the vest inflated?

On average, how often was the pressure vest inflated?

- Every day, several times a day
- At least once a day
- Twice or more per week
- Once a week
- Once every two weeks

On average, how long did the vest stay inflated each time?

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