**Wheelchair Questionnaire**

This questionnaire asks about you and your child’s experience with wheelchair services, which can be either provided by the NHS or other services. Please answer the questions with as much detail as you can.

1. Does your child have a wheelchair provided by the NHS?

Yes No

1. If your child has a non-NHS funded wheelchair, could you explain the reason why?

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1. Does your child have a privately funded wheelchair?

Yes No

For each wheelchair that your child has, please answer the following questions

1. Do you feel that the wheelchair assessment looked at your child’s personal needs?

NHS chair:  Yes Somewhat No Not applicable

Private chair: Yes Somewhat No Not applicable

Comments ……………………………………………………………………………………………………………………

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1. What is the name of the wheelchair service(s) which provided your child’s equipment?

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1. Were you and your child shown how to use the wheelchair when you received it?

NHS chair: Yes Somewhat No Not applicable

Private chair: Yes Somewhat No Not applicable

Comments ……………………………………………………………………………………………………………………

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1. Is the wheelchair manual, powered or power add on?

NHS chair: Manual Powered Power add on

Private chair: Manual Powered Power add on Comments

1. On a scale of 1-10, how comfortable do you think your child feels using their wheelchair (s)? (Where 1 is not comfortable, and 10 is very comfortable)

NHS chair:  1 2 3 4 5 6 7 8 9 10

Private chair: 1 2 3 4 5 6 7 8 9 10

1. On a scale of 1-10, if your child wants and needs to move around independently, how much does their wheelchair allow this? (Where 1 is never, and 10 is all the time)

Not applicable – they have learning or physical needs which prevent this

NHS chair: 1 2 3 4 5 6 7 8 9 10

Private chair: 1 2 3 4 5 6 7 8 9 10

1. Do you feel that your child’s posture is correct when they are sitting in their wheelchair? (Yes/No)

NHS chair: Yes Somewhat No Not applicable

Private chair: Yes Somewhat No Not applicable

Comments ……………………………………………………………………………………………………………………

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1. How long did you wait for an appointment when adjustments were needed for your child/patient’s wheelchair?

NHS chair: ………………… Not applicable

Private chair: ……………………. Not applicable

1. How long did it take for these adjustments to be carried out?

NHS chair: ………………… Not applicable

Private chair: ……………………. Not applicable

1. What would be one thing that would make wheelchair services better for you and your child, and why?

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***Thank you for taking the time to complete this survey.***

Please email completed form to [bacd@rcpch.ac.uk](mailto:bacd@rcpch.ac.uk) or

Post to Kelly Robinson, BACD, 5 Theobalds Road, London WC1X 8SH