

## SAFE SEAT ELEVATION DEMO / TRIAL EQUIPMENT FEEDBACK FORM

You have been provided with a 4Front power wheelchair equipped with 10" of safe seat elevation. This is a trial or demonstration piece of equipment to assess how it works for you within your home, community, school and/or workplace. We request that you use this equipment to carry out your normal daily activities and provide feedback on what you CAN do with safe seat elevation compared to what you CANNOT do without it. Please use the back of this form to write down any additional comments you have on the use of safe seat elevation.

\_\_\_\_\_ delivered and instructed you in the use of this equipment on \_\_\_/\_\_\_/\_\_\_.

If you experience any problems with this equipment please stop using it and call us at \_\_\_\_\_. We will pick the equipment up on \_\_\_/\_\_\_/\_\_\_.

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Where did you use the chair?  Home  Community  Work  School  Other (check all that apply)

### USE of SAFE SEAT ELEVATION (SSE) – TRANSFERS

Static Seat Height \_\_\_\_\_

	Height of surface or device	SSE height transferring TO device	SSE height transferring FROM device	Comments (put N/A if not assessed) Notate if you were able to transfer independently, safer or more efficiently as well as how often you perform these transfers per day
Bed				
Chair				
Toilet				
Auto				
Other				

### USE of SAFE SEAT ELEVATION (SSE) – REACH

Static Reach Height \_\_\_\_\_

	Height of surface or location	SSE height to reach	Comments (put N/A if not assessed) Notate if you had reduced pain (where) or increased independence, safety or efficiency in performing tasks and how often these tasks are performed per day
Dresser			
Clothes Rod			
Washer/Dryer			
Medicine Cabinet			
Refrigerator/Freezer			
Microwave			
Stove (knobs/light/fan)			
Stove light/fan			
Cabinets/Shelves			
Sink/Faucet			
Light Switches			
Thermostat			
Other (describe)			
Other (describe)			

### USE of SAFE SEAT ELEVATION (SSE) – COMMUNICATION / DRIVING

Static Line of Sight \_\_\_\_\_

	SSE height	Comments (put N/A if not assessed)
Talking 1:1		
Talking (group/crowd)		
Driving (indoor)		
Driving (outdoor)		
Other (describe)		

### USE of SAFE SEAT ELEVATION (SSE) – COMMUNITY / SCHOOL / WORK

Location Assessed \_\_\_\_\_

	SSE height	Comments (put N/A if not assessed)
Reach		
Communication		
Driving		
Other (describe)		

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

