

iLEVEL DEMO / TRIAL EQUIPMENT FEEDBACK FORM

You have been provided with a Q6 Edge 2.0 power wheelchair equipped with iLevel technology. 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 iLevel 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 iLevel.

_____ 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 ___/___/___.

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

USE of iLEVEL – TRANSFERS

Static Seat Height _____

	Height of surface or device	iLevel height transferring TO device	iLevel 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 iLEVEL – REACH

Static Reach Height _____

	Height of surface or location	iLevel 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 iLEVEL – COMMUNICATION / DRIVING

Static Line of Sight _____

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

USE of iLEVEL – COMMUNITY / SCHOOL / WORK

Location Assessed _____

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

Signature _____

Date _____

