

# WATCH-Ad Assessment Form

## (Wheelchair Outcomes Assessment Tool for Adults)

### Information for wheelchair users and carers

We are using this form as part of your assessment, to help us to identify your goals in relation to your new wheelchair. The form has two parts:

- Part A lists some areas of your life which your wheelchair might be able to help you with. Please decide which are the **FIVE** most important areas to you
- Part B then asks you to score how satisfied or happy you are now with each of the top **FIVE** areas you chose in Part A

Once you've had your new wheelchair for a few months, we will ask you to score your top five areas again to see if there have been any improvements. If you have any questions about the form, or problems filling it in, please let the person doing your assessment know. See below for an example of how to complete this form.

### Example of how to complete Part A

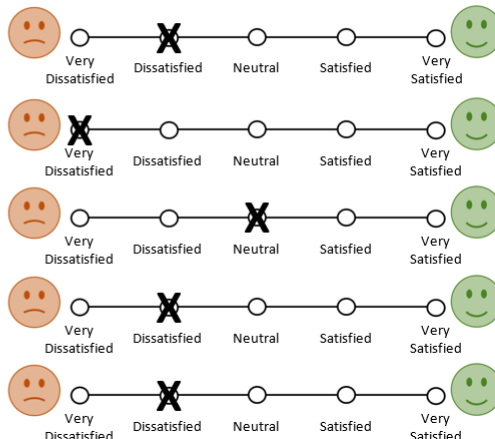
Area of your life	How your wheelchair could help	Top 5
1. Activities and hobbies	Help you to take part in activities and hobbies	
2. Independence	Help you to do more without help from other people	✓
3. Social life	Help you to spend time with your friends and family	
4. Moving around	Help you to get around inside and outside of the house	
5. Pain and discomfort	Help to reduce your pain or discomfort related to posture	
6. Self-care	Help you to wash and dress yourself	
7. Feeling included	Help you to feel part of wider society	✓
8. Managing your condition	Help to manage your condition and avoid health problems	
9. Communication	Help you to communicate and interact with others	

Tick your top FIVE areas

### Example of how to complete Part B

Top 5 (in order)	Area	What you want to achieve or feel
1 (most important)	Energy and fatigue (no. 15)	I want to feel less tired after using my wheelchair
2	Independence (no. 2)	I want to be able to be more independent inside my own home
3	Activities and hobbies (no. 1)	I want to start a new sport
4	Work and education (no. 10)	I want to be able to get to work by myself
5	Pain and discomfort (no. 5)	I want to reduce the pain I feel when using my wheelchair for long periods

### How satisfied or happy you are with this area of your life



Transfer answers from Part A

Patient name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ NHS No.: \_\_\_\_\_

Assessor: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Completed by: *(please tick)* Patient  Parent/Carer  Assessor

## PART A

Below is a list of different areas of your life where your new wheelchair could make a difference.

Please look at this list and place a tick in the box next to the 5 most important areas for you.

Please make sure you only choose FIVE areas. If there's something missing from the list, you can add it into the space at the bottom.

Area of your life	How your wheelchair could help	Top 5
1. Activities and hobbies	Help you to take part in activities and hobbies	
2. Independence	Help you to do more without help from other people	
3. Social life	Help you to spend time with your friends and family	
4. Moving around	Help you to get around inside and outside of the house	
5. Pain and discomfort	Help to reduce your pain or discomfort related to posture	
6. Self-care	Help you to wash and dress yourself	
7. Feeling included	Help you to feel part of wider society	
8. Managing your condition	Help to manage your condition and avoid health problems	
9. Communication	Help you to communicate and interact with others	
10. Work and education	Help you to access work and/or education	
11. Happiness	Help you to feel happy and free from worry	
12. Safety	Help you to feel safe and secure	
13. Carer wellbeing	Help your carer to stay happy and healthy	
14. Self-esteem and confidence	Help you to feel more self-confident	
15. Energy and fatigue	Help you to feel more energetic and less tired	
16. Achievement and goals	Help you to achieve the things that are important to you	
17. Anything else? Please tell us here:		

Patient name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ NHS No.: \_\_\_\_\_

Assessor: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## PART B

In the boxes below, please write your top 5 areas from Part A in order of their importance. You can also add a bit more information about what you want to achieve. So, if you chose 'activities and hobbies' in your top 5, you could say what you want to achieve, like starting a new sport. Please then rate how satisfied or happy you are now with your experience of the 5 areas, on a scale from 'very dissatisfied' to 'very satisfied'. For instance, if you aren't happy with how much pain you have at the moment, you might tick 'dissatisfied'.

Top 5 (in order)	Area	What you want to achieve or feel
1 (most important)		
2		
3		
4		
5		

### How satisfied or happy you are with this area of your life

Very Dissatisfied      Very Satisfied

Dissatisfied Neutral Satisfied

Very Dissatisfied      Very Satisfied

Dissatisfied Neutral Satisfied

Very Dissatisfied      Very Satisfied

Dissatisfied Neutral Satisfied

Very Dissatisfied      Very Satisfied

Dissatisfied Neutral Satisfied

Very Dissatisfied      Very Satisfied

Dissatisfied Neutral Satisfied