

Assistive Technology Outcome Measure PARTICIPANT DEMOGRAPHICS FORM

Date of Interview: _____

1. Name: _____

2. Date of Birth: _____

Instructions: Please circle the most appropriate response to each question.

3. Sex	1. Male 2. Female
4. Living status	1. Alone 2. With spouse/significant others 3. Other _____
5. In what kind of residence you currently live?	1. Single family house or duplex 2. Apartment 3. Supervised group facility 4. Other _____
6. Do you walk part of the time, or do you use your wheelchair (or scooter) for all mobility?	1. Use wheelchair (or scooter) for all mobility 2. Walk for some of the time 3. Walk most of the time
7. What other mobility aids do you regularly use?	1. Crutches 2. Cane 3. Walker 4. Scooter 5. Not applicable
8. What wheelchair (or scooter) do you use most often?	Manufacturer: _____ Model: _____ Wheelchair - Manual / Power (<i>circle one</i>)
9. Where do you use the wheelchair (or scooter) you listed in Question 8?	1. In the home 2. In the community 3. Both in the home and community
10. How long have you had the wheelchair (or scooter) you listed above?	1. < 1 month 2. 1 month to < 1 year 3. 1 year to < 3 years 4. 3 years to < 5 years 5. 5 years or longer
11. Is this your first wheelchair (or scooter)?	1. Yes 2. No
12. What seat cushion do you use most often with the wheelchair you listed above?	Manufacturer: _____ Model: _____ Not Applicable: _____

13. How long have you been using the wheelchair cushion you listed in Question 12?	<ol style="list-style-type: none"> 1. < 1 month 2. 1 month to < 1 year 3. 1 year to < 3 years 4. 3 years or longer
14. How many years have you been using wheelchairs (or scooters)?	<ol style="list-style-type: none"> 1. < 1 month 2. 1 month to < 5 years 3. 5 years to < 10 years 4. 10 years or longer
15. In the typical day, how many hours are you in your wheelchair (or scooter)?	<ol style="list-style-type: none"> 1. less than 1 hour per day 2. 1 hour to < 3 hours per day 3. 3 hours to < 6 hours per day 4. 6 hours to < 10 hours per day 5. 10 hours or longer per day
16. How did you pay for the wheelchair (or scooter) you listed in Question 8? <i>(circle all that apply)</i>	<ol style="list-style-type: none"> 1. Self-pay 2. Medicare 3. Medicaid 4. Insurance 5. Other _____
17. What was the <u>travel time</u> required for you to obtain the following wheelchair (or scooter) related services? a. to obtain wheelchair (or scooter) evaluation: b. to receive your wheelchair (or scooter): c. to obtain wheelchair (or scooter) repairs	 _____ _____ _____
18. What is the primary medical reason you use a wheelchair (or scooter)?	<ol style="list-style-type: none"> 1. CVA 2. OA 3. MS 4. Neuromuscular degenerative disease e.g. ALS, DMD, MD 5. Absence or loss of lower extremity 6. SCI (Quadriplegia or Paraplegia) 7. TBI (Quadriplegia or Paraplegia) 8. Orthopedic impairment of lower extremity 9. Heart disease 10. CP 11. RA and other inflammatory polyarthropathies 12. Diabetes 13. Other _____
19. What year did you receive this diagnosis (or injury)?	_____
20. What's the highest level of education you've completed?	<ol style="list-style-type: none"> 1. No high school 2. Some high school 3. High school graduate 4. Some college 5. College graduate

21. How much are you working (paid) right now?	<ol style="list-style-type: none"> 1. Not currently working 2. 1 - 10 hours per week 3. 11 - 20 hrs/week 4. 21 - 30 hrs/week 5. > 30 hrs/week
22. What is your annual household income bracket?	<ol style="list-style-type: none"> 1. Under \$10,000 2. \$10,000 - \$14,999 3. \$15,000 - \$24,999 4. \$25,000 - \$34,999 5. \$35,000 - \$49,999 6. \$50,000 - \$74,999 7. \$75,000 - \$99,999 8. \$100,000 and above

Note: the demographics form may or may not be used as a part of the ATOM. Often, a facility or clinic will already have this information. It was primarily devised as a part of research data collection

Assistive Technology Outcome Measure (ATOM) Version 2.0

Participant Name: _____

Date: _____

Instruction: Please answer the following questions based on the wheelchair (or scooter) that you use most often.

1. How easy is it to use your wheelchair (or scooter) within your home?
 - a. Very easy
 - b. Somewhat easy
 - c. Somewhat difficult
 - d. Very difficult
 - e. I don't use it in home
2. Does your wheelchair (or scooter) interfere with your regular bathroom activities at home?
 - a. It does not interfere at all
 - b. It interferes somewhat
 - c. It interferes a lot
 - d. I do not use it for home bathroom activities
3. How easy is it to enter and leave home using your wheelchair (or scooter)?
 - a. Very easy
 - b. Somewhat easy
 - c. Somewhat difficult
 - d. Very difficult
 - e. I don't use it to enter or leave home
4. In a typical week, how often do you leave your home and go out into the community?
 - a. 0-1 days/week
 - b. 2-3 days/week
 - c. 4-5 days/week
 - d. 6-7 days/week
 - e. I do not leave home
5. How easy is it for you (or your aide) to transport your wheelchair (or scooter)?
 - a. Very easy
 - b. Somewhat easy
 - c. Somewhat difficult
 - d. Very difficult
6. How easy is it to use your wheelchair (or scooter) outside home (e.g. neighborhood, community, etc.)?
 - a. Very easy
 - b. Somewhat easy
 - c. Somewhat difficult
 - d. Very difficult
 - e. I do not use it outside home
7. What is your comfort level while sitting in your wheelchair (or scooter)?
 - a. Excellent
 - b. Good
 - c. Fair
 - d. Poor

8. How safe do you feel while propelling or driving your wheelchair (or scooter)?
 - a. Very safe
 - b. Somewhat safe
 - c. Somewhat unsafe
 - d. Very unsafe

9. Do you avoid using your wheelchair (or scooter) in unfamiliar places?
 - a. I never avoid using it in unfamiliar places
 - b. Once in a while I avoid using it in unfamiliar places
 - c. I often avoid using it in unfamiliar places
 - d. I always avoid using it in unfamiliar places

10. Do you need assistance to set up your wheelchair (or scooter) before getting into it?
 - a. Always
 - b. Often
 - c. Sometimes
 - d. Rarely or never at all

11. How much hassle is it for you (or your aide) to set-up your wheelchair (or scooter) (e.g. armrests, footrests, unfolding, etc.) before you get into it?
 - a. No hassle at all
 - b. A little hassle
 - c. A moderate amount of hassle
 - d. A lot of hassle

12. After set up, do you need assistance to use your wheelchair (or scooter) (e.g., turning, navigating, maneuvering, propelling, going over thresholds, etc.)?
 - a. Always
 - b. Often
 - c. Sometimes
 - d. Rarely or never at all

13. During a typical day, how often do you need assistance with transfers to and from your wheelchair (or scooter)?
 - a. Always
 - b. Often
 - c. Sometimes
 - d. Rarely or never at all

14. (For powered wheelchair or scooter users only) How much hassle is it for you (or your aide) to charge your battery?
 - a. No hassle at all
 - b. A little hassle
 - c. A moderate amount of hassle
 - d. A lot of hassle

15. How easy is it to transport the things you need (backpack, communication device, reacher, personal items, etc.) on your wheelchair (or scooter)?
 - a. Very easy
 - b. Somewhat easy
 - c. Somewhat difficult
 - d. Very difficult
 - e. Not applicable

16. How easy is it for you to reach the items you want while sitting in your wheelchair (or scooter)?
 - a. Very easy
 - b. Somewhat easy
 - c. Somewhat difficult
 - d. Very difficult
 - e. Not applicable

17. How well does your wheelchair (or scooter) allow you to participate in the activities you want to do?

- a. Excellent
- b. Good
- c. Fair
- d. Poor

18. Overall, how well does this wheelchair (or scooter) meet your needs?

- a. Excellent
- b. Good
- c. Fair
- d. Poor