

WATCh Assessment Form

(Wheelchair outcomes Assessment Tool for Children)

Adapted by Enable New Zealand with permission from the WATCh-Ad assessment tool at <https://www.bangor.ac.uk/cheme/watch-the-wheelchair-outcomes-assessment-tools>

Information for wheelchair users and parents/carers

We are using this form as part of your assessment, to help us to find out what goals you have 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 list again to see if there has 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 fun	Help you to take part in activities and fun	<input checked="" type="checkbox"/>
2. Independence	Help you to do more without help from other people	<input type="checkbox"/>
3. Social life	Help you to spend time with your friends and family	<input type="checkbox"/>
4. Moving around	Help you to get around inside and outside of the house	<input checked="" type="checkbox"/>
5. Pain and discomfort	Help to reduce your pain or discomfort related to posture	<input type="checkbox"/>
6. Self-care	Help you to wash and dress yourself	<input type="checkbox"/>
7. Feeling included	Help you to feel part of wider society	<input type="checkbox"/>
8. Maximising your abilities	Help to maximise your abilities and avoid health problems	<input checked="" type="checkbox"/>

Tick your top FIVE areas

Example of how to complete Part B:

Top 5 (in order)	Area	What you want to achieve or feel	How satisfied or happy you are with this area of your life
1 (most important)	Energy and fatigue (no.15)	Feel less tired when using my wheelchair	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
2	Moving around (no.4)	Be able to move around school by myself	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>
3	Happiness (no.11)	Feel less worried and upset	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>
4	Activities and fun (no.1)	Be able to go to the shops with friends	<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
5 (less important)	Pain and discomfort (no.8)	Improve my posture and reduce pain	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

Transfer answers from Part A

Privacy statement: This form collects personal information about the named individual for the purpose of assessing and supporting the provision of a wheelchair. The information may be provided by the individual, a parent/carer, or an assessor and shared with Enable New Zealand for assessment, funding, equipment provision, delivery, and related oversight. If you are completing this form on behalf of the individual, please complete the declaration below. Information will be held securely and managed in accordance with New Zealand Privacy laws. For more information about how Enable New Zealand manages personal and health information, including access and correction rights, please see Enable New Zealand's Privacy Statement on our website or contact us. <https://enable.co.nz/privacy>

First name(s): _____

Last name: _____

NHI number: _____

Date of birth: _____

Assessor name: _____

Completed by: _____

PART A










Below is a list of different areas of your life which your new wheelchair could make a difference to. Please look at this list and place a tick in the box next to the top 5 most important areas for you. Please make sure you only chose FIVE areas. If there's something missing from the list, you can write it in 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	<input type="checkbox"/>
2. Independence	Help you to do more without help from other people	<input type="checkbox"/>
3. Social life	Help you to spend time with your friends and family	<input type="checkbox"/>
4. Moving around	Help you to get around inside and outside of the house	<input type="checkbox"/>
5. Pain and discomfort	Help to reduce your pain or discomfort related to posture	<input type="checkbox"/>
6. Self-care	Help you to wash and dress yourself	<input type="checkbox"/>
7. Feeling included	Help you to feel part of wider society	<input type="checkbox"/>
8. Managing your condition	Help to manage your condition and avoid health problems	<input type="checkbox"/>
9. Communication	Help you to communicate and interact with others	<input type="checkbox"/>
10. Work and education	Help you to access work and/or education	<input type="checkbox"/>
11. Happiness	Help you to feel happy and free from worry	<input type="checkbox"/>
12. Safety	Help you to feel safe and secure	<input type="checkbox"/>
13. Carer wellbeing	Help your carer to stay happy and healthy	<input type="checkbox"/>
14. Self-esteem and confidence	Help you to feel more self-confident	<input type="checkbox"/>
15. Energy and fatigue	Help you to feel more energetic and less tired	<input type="checkbox"/>
16. Achievement and goals	Help you to achieve the things that are important to you	<input type="checkbox"/>
17. Anything else? Please tell us here:		<input type="checkbox"/>

PART B

In the boxes below, please write your top 5 areas from Part A in the 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[R]'.

Top 5 (in order)	Area	What you want to achieve or feel	How satisfied or happy you are with this area of your life
1 (most important)			 <input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Satisfied <input type="checkbox"/> Very Satisfied 
2			 <input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Satisfied <input type="checkbox"/> Very Satisfied 
3			 <input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Satisfied <input type="checkbox"/> Very Satisfied 
4			 <input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Satisfied <input type="checkbox"/> Very Satisfied 
5			 <input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Satisfied <input type="checkbox"/> Very Satisfied 