

WATCh Follow-up Form

(Wheelchair outcomes Assessment Tool for Children)

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

Information for wheelchair users and parents/carers

You may remember that we gave you a form to complete before you got your new wheelchair, to help us find out what goals you had in relation to your new wheelchair.

In Part B of the form we asked you to tell us a bit more about the 'Top 5' most important areas of your life and to score how satisfied or happy you were with them before getting your new wheelchair.

Now you have had your wheelchair for a little while, we would like you to score these 'Top 5' again to see if your new wheelchair has helped.

If you have any questions about the questionnaire, or need help filling it in, please speak to your therapist or clinical team.

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 C

Below are the top 5 areas you chose when you filled in the questionnaire at your assessment.

Now that you have had your wheelchair for a little while, please rate how satisfied or happy you are now with these 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	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 