Your wheelchair trial **tracker**

Day	Used the wheelchair	Didn't use the wheelchair	If used, where did your child use it? Tick all that apply			
			At home	At school/ nursery	Out and about	Family activities
Day 1	☐	☐	☐	☐	☐	☐
Day 2	☐	☐	☐	☐	☐	☐
Day 3	☐	☐	☐	☐	☐	☐
Day 4	☐	☐	☐	☐	☐	☐
Day 5	☐	☐	☐	☐	☐	☐
Day 6	☐	☐	☐	☐	☐	☐
Day 7	☐	☐	☐	☐	☐	☐
Day 8	☐	☐	☐	☐	☐	☐
Day 9	☐	☐	☐	☐	☐	☐
Day 10	☐	☐	☐	☐	☐	☐
Day 11	☐	☐	☐	☐	☐	☐
Day 12	☐	☐	☐	☐	☐	☐
Day 13	☐	☐	☐	☐	☐	☐
Day 14	☐	☐	☐	☐	☐	☐

Did you notice anything particularly positive, or anything that didn't work as well as expected?

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_____

On the days your child used the wheelchair, did it generally meet their needs?

☐ Yes ☐ Partly ☐ No

What was the main reason for any days when the wheelchair wasn't used?

☐ Not needed that day

☐ Child unwell

☐ Practical difficulties

☐ Wheelchair not suitable for the activity

☐ Other

If the wheelchair wasn't available tomorrow, how would this affect your child and family?

☐ Significant impact ☐ Some impact ☐ Little or no impact