Worldwide Mobility – Mobility Cart Survey

Instructions: 1. Please complete each part of the form with blue or black pen. 2. Attach photograph of recipient on cart.

Date: _____/_____/_____ **Distribution Partner** _____ **Recipient #** _____
Month / Day / Year

A. Cart Type: __ Large __Small __Pull __Padded Seat Back __ Wooden seat back
Cart Tag: _____

B. Cart User: Full Name_____

Phone Number _____ Village/District/County: _____

Age: ___ Sex: ___ Marital Status ___ School Completed (Years) ___

Do you work? __No __Yes Type of Work _____ Weekly Income _____

1st or 2nd Cart _____ How long in 1st Cart _____

Cause of disability: _____ Years with disability: _____ Sores on Buttocks __Y__N

C. Medical and Economic Information:

How long have you used this mobility cart? ____/____ Hours per day on cart: _____
Years / Months

Weekly distance traveled (average)_____

Has the cart caused injury or fatigue? __No __Yes If yes, describe: _____

Have you had any accidents? __No __Yes If yes, describe: _____

Sores on Buttucks: Before cart use? __No __Yes After cart use? __No __Yes

How has the cart made a difference in your life? (more family income, more free time for caregiver, more independence)_____

Have you been able to work now that you have a cart? __No __Yes Type of Work _____

Weekly Income _____

Where do you go with the cart on your own? School __ Market __ Church __ Work __ Hospital__

Visiting Friends __ Other_____

Where do you go now that you couldn't go before?_____

How much improvement has the cart made in your life? A Little **1 2 3 4 5** A Lot

Has the cart caused you injury? __ No __ Yes Describe _____

How can the cart be improved? _____

D. Cart Condition: (Please take photographs of all broken or badly worn parts and attach pictures to the form.)

Broken or badly worn parts: Chain __ Tire bearings __ Crank bearings __ Tires __ Sprocket __ Brake __
Brake Pad __ Seat __ Axle pins __ Handles __ Other _____

Repair History (Include damage, dates, repairs and when cart became unusable (if applicable)_____

_____

_____

Does the user have the spare parts/tools that came with the cart? __Yes __No

Do you have a friend or family member that could use a cart?_____

Is there anything that you would like to tell me that hasn't been asked?_____

THANK YOU!

File Revision: 2017-05-12

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