

WATCH

(Wheelchair outcomes Assessment Tool for Children)

Information for assessors and clinical staff

The aim of this form is to find out the aspects of life most important to the child or young adult who is receiving a wheelchair.

It should be completed at the assessment visit and the results kept with the patient records. It is intended that the user will be contacted again three to six months after receiving their chair, and asked to complete Part C (a follow-up survey) to see if the patient has experienced any positive changes to their life.

This process should help us improve our services by making sure we focus on users' key needs.

The form should be completed as far as possible by the child or young adult themselves, but in some circumstances they may need assistance from their parent/carer or yourself. Parents/carers are also allowed to complete this form on behalf of their child when the child is unable to do it themselves. We would suggest that you talk through the items in Part A with the user, and encourage them to describe what they want to achieve in Part B.

When sending out the Part C follow-up survey to a patient please ensure that the patient's previous 'top 5' from Part A/Part B have been transferred on to Part C.

An example of how the form should be filled out is presented on the next page.

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	✓
2. Independence	Help you to do more without help from other people	
3. Social life	Help you to spend time with your friends and family	
4. Moving around	Help you to get around inside and outside of the house	✓
5. Pain and discomfort	Help to reduce your pain or discomfort related to posture	
6. Self-care	Help you to wash and dress yourself	
7. Feeling included	Help you to feel part of wider society	
8. Managing your condition	Help to manage your condition and avoid health problems	✓
9. Communication	Help you to communicate and interact with others	
10. Education	Help you to go to school and learn	
11. Happiness	Help you to feel happy and free from worry	✓
12. Safety	Help you to feel safe and secure	
13. Parent or carer wellbeing	Help your parent or carer to stay happy and healthy	
14. Self-esteem and confidence	Help you to feel more self-confident	
15. Energy and fatigue	Help you to feel more energetic and less tired	✓
16. Achievement and goals	Help you to achieve the things that are important to you	

Patient ticks their top FIVE areas

Example of how to complete Part B/Part C

Top 5 (in order)	Area	What you want to achieve or feel
1 (most important)	Energy and fatigue (no.15)	Feel less tired when using my wheelchair
2	Moving around (no.4)	Be able to move around school by myself
3	Happiness (no.11)	Feel less worried and upset
4	Activities and fun (no.1)	Be able to go to the shops with friends
5 (less important)	Pain and discomfort (no.8)	Improve my posture and reduce pain

How satisfied or happy you are with this area of your life

Very Dissatisfied Dissatisfied Neutral Satisfied Very Satisfied

Very Dissatisfied Dissatisfied Neutral Satisfied Very Satisfied

Very Dissatisfied Dissatisfied Neutral Satisfied Very Satisfied

Very Dissatisfied Dissatisfied Neutral Satisfied Very Satisfied

Very Dissatisfied Dissatisfied Neutral Satisfied Very Satisfied

Answers transferred from Part A