



Evaluation of a Driving Assistance System for Powered Wheelchairs

Phase 2 - EDECT

Participant Pre-Session technical Evaluation Questionnaire

Version 4
22 May 2015

Participant Pre-Session Technical Evaluation Questionnaire

1 Participant Information

Participant ID: _____

Profession: _____

Date of Birth: _____

Male/Female: _____

Make and Model of Chair: _____

Type of Drive Rear/Mid/Front wheel: _____

2 Pre-Session Technical Evaluation Questionnaire

How many years have you been using a manual wheelchair?

--

How many years have you been using a Powered Wheelchair?

--

How would you rate your driving ability? 0=novice
– 10= expert

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Why do you use a powered wheelchair and what do you expect from it?

--

What do you like about your wheelchair?

--

What don't you like about your wheelchair?

--

What can make the powered chair difficult to use or limit its usefulness?

Have you received training to drive the powered chair?

Do you still need assistance when using your powered wheelchair? On which circumstances?

What would you want from a chair with a driving assistance system?