

## 2018 AMBASSADOR CAREGIVER QUESTIONNAIRE

1. How old is your child?
2. Can your child walk? If so, with or without assistance?
3. What is his or her diagnosis?
4. Why do you think you're a fit as a Convaid | R82 Ambassador?
5. How much time per day does your child spend in the mobility base? Which ones?
6. What device is your child in when they are not in the mobility base?
7. How do you transport your child? What kind of vehicle do you drive? How does your child go to school?
8. What equipment is used at your child's school?
9. Does your child use a standing or walking device or has he/she used one in the past?
10. What is the most difficult thing to manage with your child? Spasticity, feeding, transferring, etc.?
11. What other mobility bases has your child used? What do you like most about your mobility base?
12. What do you struggle with the most on your mobility base? What features are the most difficult to use?
13. How do you address meal times? Does your child sit at the dinner table?
14. What do you most want a manufacturer to work on to make life easier?
15. Please list the support groups that you participate in and identify any personal advocacy ambitions you may have. Also, please list all medical devices below.

Use of Medical Devices for:	Brand(s)	Device(s)	Usage: Home/School/Both
Standing			
Seating			
Mobility			
Walking			
Transportation (car seat)			
Feeding			
Hygiene			

Please complete questionnaire and email to: [milena@convaid.com](mailto:milena@convaid.com). Thank you!