

## Wheelchair Services Needs Analysis : Questionnaire for Related Services

*The information from this questionnaire is being collated by commissioners at Shropshire Clinical Commissioning Group in order to better understand the needs of wheelchair users in Shropshire. This will then help commissioners to ensure that NHS commissioned wheelchair services are meeting the needs of Shropshire wheelchair users.*

**Please return questionnaires by Thursday 1<sup>st</sup> October 2015 using the email or postal address at the bottom of this form.**

### Questionnaire for Service Users/Potential Service Users

Name (Optional)	
Date of Birth (Optional)	
Postcode (Optional)	
How would you describe your need in relation to your wheelchair?	Permanent/Temporary Use wheelchair for: all mobility/most mobility outdoors and indoors/outdoor use only/occasional outdoor use
What sort of wheelchair(s) do you use?	Manual/Electric/Sports
Where did you get your wheelchair from?	
What were the reasons for choosing that particular wheelchair provider?	
How would you rate the service that provided your wheelchair in relation to access and positive impact on your life? Use the rating scale of 1-5 (1 being poor and 5 being excellent)	<p>How would you rate the service?</p> <p>Access                      1 2 3 4 5</p> <p>Comments:</p> <p>Positive impact you your life   1 2 3 4 5</p> <p>Comments:</p>
Please detail any suggested improvements for wheelchair services in Shropshire	

Please provide any feedback you have which is relevant in relation to wheelchair services in Shropshire	
Please list any other wheelchair providers you are aware of in Shropshire	
Please detail any suggested improvements to wheelchair services in Shropshire	

Please return this questionnaire to Shropshire Clinical Commissioning Group by

Questionnaires can be returned by email to: [sue.marshall@shropshireccg.nhs.uk](mailto:sue.marshall@shropshireccg.nhs.uk)

Questionnaires can be returned by post to:

Sue Marshall  
Shropshire Clinical Commissioning Group  
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