

August 20, 2017

ACTION TRACKCHAIR USER SURVEY

Full Name:

Phone :

E-mail:

Street Address:

City,State, Zip:

1. Have you ever used an all-terrain wheelchair (**ATWC**) before? Circle one: Yes or No
2. Would you use the ATWC again? Circle one: Yes or No
If no, why?
3. On a scale of 1-5 (1- strongly disagree & 5 strongly agree), how would you rate the following criteria based on your experience using the ATWC.
 - a. Increased independence 1 2 3 4 5
 - b. Enhanced participation 1 2 3 4 5
 - c. Want to use for future activities 1 2 3 4 5
 - d. Overall experience 1 2 3 4 5
4. What type of activity did the ATWC allow you to participate in?
5. Please share your thoughts on what the use of the ATWC meant to you for your outing.
6. What suggestions do you have that might improve the experience of using an ATWC?
7. May we contact you for additional information regarding your comments/suggestions or for grants that have made this program possible? Circle one: Yes or No

Thank you for completing this survey!!

Initiative of:



Northern Kettles Chapter

In partnership with:



**American Legion Post 149
Sheboygan Falls, WIs.**