

Test feedback form:

Date:	
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Tester's information		Patient's initials:	
Name:	First name:	Institution:	
Number of test days:			

Test user information:	
Age:	Gender: <input type="checkbox"/> M - <input type="checkbox"/> F
Pathology:	<input type="checkbox"/> TKP <input type="checkbox"/> THP <input type="checkbox"/> Neuro <input type="checkbox"/> Arthrosis <input type="checkbox"/> Chronic bronchitis <input type="checkbox"/> Cognitive dis. <input type="checkbox"/> Others :
Problem(s) encountered by the patient:	
Mobility aid used outside the room:	<input type="checkbox"/> Simple cane <input type="checkbox"/> 1 crutch <input type="checkbox"/> 2 crutches <input type="checkbox"/> Quadripod cane <input type="checkbox"/> 4-wheeled rollator <input type="checkbox"/> 2 wheels stand <input type="checkbox"/> Step frame <input type="checkbox"/> Nothing
Mobility aid used inside the room:	<input type="checkbox"/> Simple cane <input type="checkbox"/> 1 crutch <input type="checkbox"/> 2 crutches <input type="checkbox"/> Quadripod cane <input type="checkbox"/> 4-wheeled rollator <input type="checkbox"/> 2 wheels stand <input type="checkbox"/> Step frame <input type="checkbox"/> Nothing
Autonomous moving?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Positive effects observed compared to the usual mobility aid.	
<input type="checkbox"/> Better balance <input type="checkbox"/> Less tiredness <input type="checkbox"/> Better turnaround <input type="checkbox"/> Removal of the 3-step walk <input type="checkbox"/> Walk more "fluid" (less jerky) <input type="checkbox"/> Satisfaction	<input type="checkbox"/> More autonomous walking <input type="checkbox"/> Faster walking <input type="checkbox"/> Steps more symmetrical <input type="checkbox"/> Higher step amplitude <input type="checkbox"/> More handy <input type="checkbox"/> Others:

Standardized walking test		
	Usual help	Wheeleo®
Timed Up and Go	sec.	sec.
10m walk test	sec.	sec.
6-minute walk test	sec.	sec.

Patient's satisfaction										
0/10	1/10	2/10	3/10	4/10	5/10	6/10	7/10	8/10	9/10	10/10

<p>Comments:</p>
