

## Questionnaire on the effect of the Protac products during the day

This questionnaire is a support to do an individual evaluation and documentation on the effect of the Protac products

*1 + 2 must be filled in before trying the products. The rest must be filled in afterwards*

Date: \_\_\_\_\_

Period: \_\_\_\_\_

Name of responsible staff: \_\_\_\_\_

Name of user: \_\_\_\_\_

Age and diagnose: \_\_\_\_\_

Why test this product for this user?

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The questionnaire is filled in by:

- |  |   |
|--|---|
| <input type="checkbox"/> The user self | <input type="checkbox"/> The therapist  |
| <input type="checkbox"/> A relative    | <input type="checkbox"/> Another person |

### 1: Which product is being tried?

- |  |   |
|--|---|
| <input type="checkbox"/> Protac MyFit <sup>®</sup>   | <input type="checkbox"/> Protac SensOn <sup>®</sup>       |
| <input type="checkbox"/> Protac SenSit <sup>®</sup>  | <input type="checkbox"/> Protac GroundMe <sup>®</sup>     |
| <input type="checkbox"/> Protac KneedMe <sup>®</sup> | <input type="checkbox"/> Protac Ball Cushion <sup>®</sup> |

Unit number \_\_\_\_\_

### 2: Why is this product being tested – which issues do you want to remedy?

Please fill in all relevant boxes

- |  |   |
|--|---|
| <input type="checkbox"/> Motor unrest          | <input type="checkbox"/> Concentration issues   |
| <input type="checkbox"/> Sleeping disturbances | <input type="checkbox"/> Anxiety                |
| <input type="checkbox"/> Mental unrest         | <input type="checkbox"/> Self-harming behaviour |
| <input type="checkbox"/> Pain                  | <input type="checkbox"/> Involuntary movements  |
| <input type="checkbox"/> Tactile defensiveness | <input type="checkbox"/> Spasticity             |
| <input type="checkbox"/> Social disabilities   |   |

Other issues: \_\_\_\_\_



**3: In which situations have the product been tested?**

Please fill in all relevant boxes

- To sleep with
- To rest with during the day
- To prepare for an activity
- To tone down aggressive behaviour
- To prepare for social activities
- To improve concentration and focus

Other issues: \_\_\_\_\_

**4: For how long was the product tested?**

- Less than 30 minutes
- 30-60 minutes
- More than 60 minutes

Other comments: \_\_\_\_\_

**Questions 5-15 are related to your answer to question 2.  
Please just answer the questions relevant to your answers.**

**5: Did the product ease the motor unrest?**

- Yes
- No

**6: Did the product ease the sleeping disturbances?**

- Yes
- No

**7: Did the product ease the mental unrest?**

- Yes
- No

**8: Did the product ease the pain?**

- Yes
- No



**9: Did the product ease the tactile defensiveness?**

- Yes
- No

**10: Did the product ease the strengthen the concentration?**

- Yes
- No

**11: Did the product ease the social disabilities?**

- Yes
- No

**12: Did the product ease the anxiety?**

- Yes
- No

**13: Did the product ease the self-harming behaviour?**

- Yes
- No

**14: Did the product ease the involuntary movements?**

- Yes
- No

**15: Did the product ease the spasticity?**

- Yes
- No

**Further comments to the above:**

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