

SECTION 1 - BODY MEASUREMENTS

1. SEAT WIDTH (Hip-to-hip while seated, widest point of hips or outer thighs)

What: Widest horizontal distance across hips/thighs while seated on a firm, flat surface.
Why: Floor measurement for rigid frame seat width. Seat width is usually 1/2" to 1" wider than hip width.
How: Sit upright, feet flat, relaxed. Do not hold legs together. Measure across widest point.

Your seat width: _____ inches

2. SEAT DEPTH (Back of buttocks to back of knee - popliteal fold)

What: Distance from popliteal fold (back of knee crease) to rearmost point of buttock.
Note: Your ordered seat depth will be 1-2" shorter to prevent pressure at the popliteal.
How: Sit against chair back. Measure from back of knee crease to back of buttock - not the furniture.

Your seat depth: _____ inches

3. BACK HEIGHT (Seat surface to desired back support top)

What: Vertical distance from seat surface up to where the top of the back support should end.
Why: Active propellers prefer low backs (below shoulder blade). Less trunk stability needs higher backs.
How: Sit upright. Locate bottom of shoulder blade. Measure from seat surface to that point.

Your back height: _____ inches (also note axilla height - armpit height seated)

4. LOWER LEG LENGTH (Popliteal fold to bottom of heel - free-hanging, no floor contact)

What: Vertical distance from popliteal fold down to the bottom of your heel. Determines footrest height.
Why: Footrests too high = weight shifted back onto ischials. Too low = thighs unsupported. Both are pressure injury risks.
How: Sit with feet hanging freely (no floor contact). Measure from popliteal fold to bottom of heel. Wear chair footwear.

Your lower leg length: _____ inches

5. TRUNK WIDTH (Widest point of torso at seat back contact zone - at lowest rib level)

What: Widest horizontal measurement of your trunk where the back support contacts your body.
Why: Informs lateral support placement and back width. Note your narrowest waist point too.
How: Sit upright, arms relaxed. Measure horizontally at lowest rib level, then at narrowest waist.

At lowest rib: _____ Narrowest waist: _____

6. HIP WIDTH (Bony outer hip to outer hip - seated, iliac crest to iliac crest)

What: Skeletal measurement across your pelvis - outer iliac crest to outer iliac crest - while seated.
Why: Floor measurement for rigid frame seat width. Seat width is usually 1/2-1" larger than this.
How: Feel (palpate) the bony points on each outer hip. Keep tape level, not following the hip curve.

Your hip width: _____ inches

7. WEIGHT (Optional but strongly recommended - use current weight in lbs)

What: Your current body weight - not from years ago. An error of 15 lbs shifts axle recommendations by 1/2".
Why: Drives axle position, wheel camber, frame tube wall thickness, and component load ratings.
How: Standard bathroom scale, shoes on if you wear them in the chair. Morning weight is most consistent.

Your weight: _____ lbs (note if significant fluctuation / edema)

SECTION 2 - SKIN INTEGRITY

Pressure Sore History

(Most critical section - be honest. This drives cushion and seat dump recommendations.)

Have you ever had a pressure injury (pressure sore, decubitus ulcer, or bedsore)?

YES NO

If YES - approximate locations: _____

Approximate stage / severity (if known - Stages 1-4): _____

Daily Sitting Hours

Approximate hours per day spent seated in your wheelchair or a similar chair:

_____ hours/day

Current Cushion Type

What type of cushion are you currently using? Select all that apply:

Foam Air (inflatable) Gel Hybrid Honeycomb Don't know

How satisfied are you with your current cushion?

Very satisfied Somewhat satisfied Not really No cushion / N/A

Sensation Level

Can you feel when you need to shift your position? Select all that apply:

Normal sensation throughout body Reduced in some areas Significantly reduced / absent in areas

Areas with reduced sensation (if applicable): _____

SECTION 3 - CURRENT EQUIPMENT

Current Wheelchair

(Leave blank if you don't have a current chair)

Make & Model: _____

Approx. year purchased: _____

What's Working

What do you like about your current chair?

What's NOT Working

What do you hate or find limiting? Be as specific as possible - Daryl will go deep on these in the eval.

Mobility Goals

What do you want to be able to do more easily with a new chair? What environments matter most?

NOTES & QUESTIONS FOR DARYL

Write anything else Daryl should know - unusual circumstances, medical factors, or questions for your eval:
