Seating Pre-Assessment Questionnaire

To be completed before the seating assessment by the person, their family or carers

Posture & Mobility
WWW.POSTUREANDMOBILITY.COM

Thank you for filling this in before the seating assessment. It helps us understand the person, their health, their day and their equipment, so we can make the most of the appointment. Answer what you can; leave anything you're not sure about blank, and we'll go through it together.

Person being assessed | **Date of birth / age** | **Date completed**

Completed by (name and relationship)

About the person

Who is this person? What do they enjoy, and what matters most to them?

Interests & activities

Arts & crafts | Music | Gaming | Reading / stories | Sport / being active | Outdoors / nature
Friends & family / socialising | Animals | TV / film | Technology / computers | School / college / work | Cooking
Faith / community | Other

Lives with / who supports them

School / work / day service

Communication

Verbal | Limited verbal | Non-verbal | Sign / gesture | Low-tech AAC | High-tech AAC / eye gaze
Other

How do they show pain or discomfort?

Reason for referral / main concern

Goals: the person, family and carers

Diagnoses, medical & surgical history

Primary diagnosis

Other diagnoses

Relevant conditions

Cerebral palsy | Spinal cord injury | Acquired / traumatic brain injury | Stroke | Spina bifida | Multiple sclerosis
Neuromuscular condition | Motor neurone disease | Genetic / metabolic condition | Intellectual disability | Epilepsy
Scoliosis | Hip subluxation / dislocation | Osteoporosis / low bone density | Diabetes | Other

GMFCS level (if applicable)

◯ I ◯ II ◯ III ◯ IV ◯ V ◯ N/A

Seizures

◯ No ◯ Yes

Medical history

Surgical history

Hip surgery (e.g. VDRO / reconstruction) | Spinal surgery (rods / fusion) | Soft tissue release (hamstrings / adductors / TA)
Selective dorsal rhizotomy | Intrathecal baclofen pump | Joint replacement | Gastrostomy / fundoplication
Tracheostomy | Unknown | Other

Surgical details and dates

Relevant medications (e.g. antispasmodics, botulinum toxin, analgesia, anticoagulants)

Vision, hearing, cognition, behaviour

Weight (kg) | **Height / length (cm)** | **Recent weight change** | **Hospital admissions, last 12 months**

Reasons for admission

Chest infection / aspiration pneumonia | Seizures | Gastrointestinal / feeding | Pressure injury | Fracture
Planned surgery | Pain | Other

Tone & movement

High tone / spasticity | Low tone / hypotonia | Dystonia | Choreoathetosis | Ataxia | Rigidity | Mixed / fluctuating | Typical tone

Where

Head / neck | Trunk | R upper limb | L upper limb | R lower limb | L lower limb

Patterns and triggers (e.g. extensor thrust, ATNR, startle, changes with emotion or effort)

Tone management

Oral medication | Botulinum toxin | Intrathecal baclofen | Orthoses | Stretching / positioning programme | None

Pain

◯ No ◯ Yes

Location, score & tool, what makes it worse or better

Body systems

RESPIRATION

Frequent chest infections | Aspiration / silent aspiration | Weak or ineffective cough | Needs suctioning | Supplemental oxygen | CPAP / BiPAP | Tracheostomy | Asthma | Restrictive pattern (e.g. scoliosis) | Breathes better in certain positions | No concerns

SpO_2 / notes

Positions that help or worsen breathing

DIGESTION & FEEDING

Route

Oral | Gastrostomy (PEG / button) | Jejunal (PEJ / GJ) | Nasogastric

Food texture (IDDSI level)

Fluids (IDDSI level / thickened)

Dysphagia | Reflux (GORD) | Vomiting / retching | Constipation | Coughing on feeds | Slow feeding / fatigue | Poor intake / weight loss | No concerns

Position needed during and after feeds (e.g. upright, how many degrees, for how long)

CIRCULATION

Oedema | Cold / mottled extremities | Orthostatic hypotension | Autonomic dysreflexia | DVT history | Peripheral vascular disease | Smoker | No concerns

Details

CONTINENCE

Continent | Urinary incontinence | Faecal incontinence | Pads | Indwelling / suprapubic catheter | Intermittent catheterisation

SLEEP

Sleep position(s)

Supine | Side-lying R | Side-lying L | Prone | Semi-reclined / raised | Sitting | Varies

Sleep issues

Frequent waking | Pain at night | Needs turning / repositioning | Breathing / apnoea | Reflux at night | Difficulty settling | Uses a sleep system | No concerns

Repositioning overnight (how often, by whom)

Notes

Skin integrity & pressure injury risk

Current pressure injury?

◯ No ◯ Yes

History of pressure injury?

◯ No ◯ Yes

Skin check today (redness, non-blanchable erythema, marks from equipment)

WEIGHT SHIFTING

Independent, consistent & effective?

◯ No ◯ Partly ◯ Yes

Method

Forward lean | Side lean | Push-up | Power tilt / recline | Carer-assisted

How often

Time in seating per day (h)

Longest continuous sit (h)

Pressure mapping

Current equipment & technology

tick what is in use · choose a type from the list or type your own

Item	Type	Make / model, size, age, fit & condition	Hrs/day
☐ Manual wheelchair (self-propelled)			
☐ Manual wheelchair (attendant-propelled)			
☐ Powered wheelchair			
☐ Tilt-in-space / recline base			
☐ Seat cushion			
☐ Back support			
☐ Head support			
☐ Lateral trunk supports			
☐ Pelvic positioning belt			
☐ Chest / shoulder harness			
☐ Foot supports / straps			
☐ Tray / arm supports			
☐ Specialty controls			
☐ Standing frame / stander			
☐ Walker / gait trainer			
☐ Sleep system			
☐ Lower limb orthoses			
☐ Upper limb orthoses / splints			
☐ Spinal orthosis			
☐ Dynamic movement orthosis (DMO)			
☐ Hip abduction brace			
☐ Hoist / slings			
☐ Transfer aids			
☐ Bathing / toileting seating			
☐ Car seat / vehicle seating			
☐ Communication device (AAC)			
☐ Other			

Mobility & independence

MANUAL WHEELCHAIR

◯ Independent ◯ Supervised ◯ Assisted ◯ Dependent ◯ N/A

Propulsion method

☐ Both arms ☐ One arm + one foot ☐ Feet ☐ One-arm drive ☐ Pushed by carer

Distance / terrain / notes

POWERED WHEELCHAIR

◯ Independent ◯ Supervised ◯ Learning ◯ Attendant control ◯ N/A

Access / control method (R/L joystick, head array, switches…)

Power seat functions used (tilt, recline, elevate, stand…)

TRANSFERS

☐ Independent stand-pivot ☐ Stand-step with help ☐ Lateral / depression transfer ☐ Slide board ☐ 1-person assist ☐ 2-person assist ☐ Hoist ☐ Other

◯ Independent ◯ Supervised ◯ Assisted ◯ Dependent

WALKING

◯ Non-ambulant ◯ Therapeutic only ◯ Household ◯ Community

Aids, distance, assistance

Activities of daily living	Independent	Set-up	Assisted	Dependent	Notes
Eating & drinking	◯	◯	◯	◯	
Dressing	◯	◯	◯	◯	
Toileting	◯	◯	◯	◯	
Bathing	◯	◯	◯	◯	
Grooming	◯	◯	◯	◯	
Pressure relief	◯	◯	◯	◯	
Leisure / play	◯	◯	◯	◯	
School / work tasks	◯	◯	◯	◯	

24 h: sitting (hrs)

Lying (hrs)

Standing (hrs)

Other (hrs)

Anything else relevant

Disclaimer. Posture & Mobility does not collect or store any information entered into this questionnaire; it stays on your device until you choose to save or send it. This questionnaire collects background information before an appointment. It is not a clinical assessment and does not give advice; please talk to your clinician about any questions or concerns.