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Power Mobility Device Self-Assessment

Name: ______________________________ Today's Date: ______________________

TO DRIVE OR NOT TO DRIVE

Please take the following questionnaire to see if you are a safe power mobility device driver. This questionnaire is not a formal assessment. Instead, it is a method of self-assessment that can identify if there are safety issues associated with driving a power mobility device. It assesses indoor driving only, not outdoor driving. The questions should be answered as objectively as possible. It is not unusual for family members to use the items as a way of talking about driving concerns they may have about an older adult. When completing the questionnaire, give one point for each "YES" answer. Two or more YES answers may indicate a driving problem that should be further evaluated. This questionnaire is not to be used as a definitive driving evaluation.

1) Do you experience increased anxiety when driving your power mobility device? ☐ Yes ☐ No

2) Have you often gotten lost in your facility when driving your device? ☐ Yes ☐ No

3) Do you have identified vision problems, such as macular degeneration, glaucoma, or contrast that may cause difficulty noticing objects or people in your pathway? ☐ Yes ☐ No

4) Do you have difficulty using the joystick or other device controls? ☐ Yes ☐ No

5) Have you experienced difficulty reacting quickly [to stop] when someone walks in front of you, or if an object were in your pathway? ☐ Yes ☐ No

6) Have you recently hit any walls, door frames, objects, or people when driving your device? ☐ Yes ☐ No

7) Have you noticed scrapes or dents on the device or other objects or walls in your apartment/home? ☐ Yes ☐ No

8) Have you had "close calls" when driving? ☐ Yes ☐ No

9) Do you have trouble navigating turns or parking your device? ☐ Yes ☐ No

10) Do family members or staff express concern with your capacity to drive your power mobility device? ☐ Yes ☐ No