

Questions Immobilisation device

This form asks questions regarding the immobilisation device that you just tried on. You have given permission to use the data in the consent form, more information can be found there.

* **Verplichte vraag**

General questions

Before the research

1. What is your participant number? *

Markeer slechts één ovaal.

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- Pilot

2. What is your age? *

3. What is your gender? *

Markeer slechts één ovaal.

- Male
- Female
- Other/ I don't want to say

4. Handedness *

Markeer slechts één ovaal.

- Right handed
- Left handed
- Ambidexterity

5. Did you ever suffer a bone fracture? If yes, where? And was it treated with plaster?

Measurements of the limb

Filled in by the researcher

6. Wrist circumference

7. Forearm circumference

8. Wrist crease to elbow crease

9. Grip to back elbow (as in dined)

10. Wrist crease to grip

11. Hand heigth

12. Hand width

13. Wrist heigth

14. Wrist width

15. Comments

Option and experience with the device

Filled in by volunteer

16. How would you rate the comfort of the device? *
Please consider this compared to other immobilisation devices

Markeer slechts één ovaal.

1 2 3 4 5

Very Very comfortable

17. Using the scale to the right, please indicate how easily you would perform the following activities.

Markeer slechts één ovaal per rij.

	Cannot perform activity	Very difficult	Slightly difficult	Easy	Very easy	Not applicable
Pick up things (paper, pencil, book)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean myself (wash face, tooth brushing, do hair)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Put on clothing (shirt, pants, socks, buttons, zipper, shoe laces)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat and drink (drink from cup, cut something, use a fork/spoon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prepare food (stir, twist a lid, open a bag, peel fruit with a knife)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Write name legibly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use scissors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

scissors						
Open door						
Open door with knob	<input type="radio"/>					
Use a key in a lock	<input type="radio"/>					
Push a button	<input type="radio"/>					
Use laptop and mobile phone	<input type="radio"/>					

18. If I would have to wear this device for 6 weeks this would limit my ADL (activities of daily life, e.g. walking, feeding, dressing and grooming, toileting, bathing, transferring (change body position) etc.) *

Markeer slechts één ovaal.

1 2 3 4 5

I would be able to perform the ADL

19. If I would have to wear this device for 6 weeks this would limit instrumental ADL (e.g. work on a laptop, use a phone, shopping, preparing a meal, house cleaning, etc.) *

Markeer slechts één ovaal.

1 2 3 4 5

I would be able to do all these things

20. If I would have to wear this device for 6 weeks this would limit other activities (e.g. sports, social activities, etc.) please specify *

21. Did you experience any pain or discomfort while you were wearing the device? *

Markeer slechts één ovaal.

- Yes pain
- Yes discomfort
- Mild discomfort
- No not at all

22. Please specify your answer from the previous question

23. Please mark the response that most closely reflects your opinion. *

Markeer slechts één ovaal per rij.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The device fits well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The weight of the device is manageable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is easy to adapt the device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The device looks good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My skin is free of abrasions and irritations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The device is pain free to wear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Please tick the box that represents the extent to which you are satisfied or dissatisfied with each of the different aspects of the device mentioned below: *

Markeer slechts één ovaal per rij.

	1 (Not satisfied)	2	3	4	5 (Very Satisfied)
Colour	<input type="radio"/>				
Shape	<input type="radio"/>				
Appearance	<input type="radio"/>				
Weight	<input type="radio"/>				
Usefulness (immobilisation)	<input type="radio"/>				
Reliability	<input type="radio"/>				
Fit	<input type="radio"/>				
Comfort	<input type="radio"/>				

25. Please circle the number (0-10) that best describes how satisfied you are with the device? *

Markeer slechts één ovaal.

1 2 3 4 5 6 7 8 9 10

Not Very satisfied

26. If you compare the look of this device to the look of a plaster cast. Which do you like more? *

Markeer slechts één ovaal.

1 2 3 4 5

Plas This device

27. Can you specify your thoughts on the look of the device? *

28. Here you can place additional comments

Ga naar sectie 6 (Thank you!)