



Wheelchair Container Report

1.

Free Wheelchair Mission recently donated wheelchairs to your organization.

Thank you so much for your partnership to import and distribute these wheelchairs to those in need.

We kindly request you complete this Wheelchair Container Report so that we can monitor and improve our program.

Please note that you can NOT save and complete later. You must complete all sections of this report at one time including uploading one client photo and story.

If you have questions, please email us at tstansbury@freewheelchairmission.org



Wheelchair Container Report

2. Introduction

* 1. Name of person completing this report

* 2. Name of Organization

Don't see your organization's name? Please type it in below.

* 3. What is the PO # for the container you're reporting on? (e.g. 082017-4L)

Wheelchair Container Report

3. Shipping and Importation

* 4. Which issues came up during the shipping and/or customs clearing process? Select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Shipping documentation process took much longer than expected | <input type="checkbox"/> We did not receive the documentation before the container arrived |
| <input type="checkbox"/> Container was shipped before we were ready for it | <input type="checkbox"/> Documentation was incorrect |
| <input type="checkbox"/> Container arrived later than we asked | <input type="checkbox"/> Our importation process changed (examples: our documentation needs changed; we had an issue with the customs office; we changed our consignee; we had to reissue documentation) |
| <input type="checkbox"/> Communication from FWM or Freight Forwarder was poor | |
| <input type="checkbox"/> Customs clearance was much more expensive than expected | <input type="checkbox"/> No issues |
| <input type="checkbox"/> Other - please explain below | |

* 5. How much money did it cost to clear customs? (in US dollars)

- | | |
|---|---|
| <input type="radio"/> Less than \$1,000 | <input type="radio"/> Between \$20,001 and \$30,000 |
| <input type="radio"/> Between \$1,000 and \$5,000 | <input type="radio"/> Between \$30,001 and \$50,000 |
| <input type="radio"/> Between \$5,001 and \$10,000 | <input type="radio"/> More than \$50,000 |
| <input type="radio"/> Between \$10,001 and \$20,000 | |

* 6. How much money did it cost to transport from the ocean port to your warehouse? (in US dollars)

- | | |
|---|---|
| <input type="radio"/> Less than \$1,000 | <input type="radio"/> Between \$20,001 and \$30,000 |
| <input type="radio"/> Between \$1,000 and \$5,000 | <input type="radio"/> Between \$30,001 and \$50,000 |
| <input type="radio"/> Between \$5,001 and \$10,000 | <input type="radio"/> More than \$50,000 |
| <input type="radio"/> Between \$10,001 and \$20,000 | |

* 7. How can FWM improve the shipping process?

Wheelchair Container Report

4. Quality Control

* 8. Overall, what was the condition of the boxes when they were *first* unloaded from the container?

- | | |
|--|--|
| <input type="radio"/> Very Poor, damaged box and missing items | <input type="radio"/> Very Good, very little damage to box |
| <input type="radio"/> Poor, damaged box, difficult to move | <input type="radio"/> Excellent, no damage to box |
| <input type="radio"/> Average, damaged box but still useable | |

* 9. Overall, what was the condition of the wheelchair parts when they were *first* unpacked from the boxes?

- | | |
|--|---|
| <input type="radio"/> Very Poor, damaged wheelchair parts, could not use | <input type="radio"/> Very Good, very little damage to wheelchair parts |
| <input type="radio"/> Poor, damaged wheelchair parts, had to use spare parts | <input type="radio"/> Excellent, no damage to wheelchair parts |
| <input type="radio"/> Average, damaged wheelchair parts but still useable | |

* 10. Did you receive all the items you ordered that were listed on the **Packing List**? Please review your order's Packing List sent to you by FWM.

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

If No, which items were missing?

* 11. While assembling the wheelchairs, did any wheelchair kits have missing or defective parts?

☐ Yes

☐ No

If Yes, which parts were missing or defective? And how many?

* 12. Of this complete container, how many wheelchair kits could not be assembled into functional wheelchairs?

(This may be due to manufacture error, broken parts, and/or missing parts)



Wheelchair Container Report

5. Distribution

* 13. How many wheelchairs from this container have been distributed so far?

* 14. What percentage of the wheelchairs were distributed by Staff, Volunteers, and/or Other Organizations?

	Staff (paid employees) at your organization	Volunteers at your organization	Other Organizations (sub-distribution partners)
Percentage	<input type="text"/>	<input type="text"/>	<input type="text"/>

* 15. What percentage of all invited recipients showed up to the distributions?

* 16. What ages were the wheelchairs distributed to?

	0 - 5 years old	6 - 17 years old	18 - 69 years old	70+ years old
Percentage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* 17. How much money did it cost to distribute all of the wheelchairs from this container? (in US dollars)

- | | |
|---|---|
| <input type="radio"/> Less than \$1,000 | <input type="radio"/> Between \$20,001 and \$30,000 |
| <input type="radio"/> Between \$1,000 and \$5,000 | <input type="radio"/> Between \$30,001 and \$50,000 |
| <input type="radio"/> Between \$5,001 and \$10,000 | <input type="radio"/> More than \$50,000 |
| <input type="radio"/> Between \$10,001 and \$20,000 | |

* 18. Did all recipients receive User Training when they received their wheelchair?

☐ Yes

☐ No

If No, how many did not receive training?

* 19. Which challenges did you experience during the wheelchair distribution? Select all that apply.

☐ Clients did not like the design of the wheelchairs

☐ Using the application

☐ Assembling the wheelchairs

☐ Saying 'No' to applicants

☐ The distribution process was very expensive

☐ Choosing who is appropriate for a wheelchair

☐ Properly fitting the wheelchairs for each recipient

☐ No challenges

☐ Finding applicants

☐ Other (please specify)

* 20. How have these wheelchairs impacted your organization, your community, and the lives of the individuals and families who receive them?

Wheelchair Container Report

6. Injury

* 21. Have you had any reports of injury from use of the wheelchair?

☐ Yes

☐ No

Wheelchair Container Report

7. Injury

* 22. Please answer these 2 questions:

- 1) How many reports of client injuries did you receive?
- 2) What were the exact causes of each injury?

Wheelchair Container Report

8. Deaths

* 23. Have you had any reports of deaths from use of the wheelchair?

☐ Yes

☐ No

Wheelchair Container Report

9. Deaths

* 24. Please answer these 2 questions:

1)How many reports of deaths did you receive?

2)What were the exact causes of each death?



Wheelchair Container Report

10. Photos and Story

* 25. Please attach one photo of a wheelchair client *before* they receive a wheelchair. Photo should show the client's whole body. File must be .PNG, .jpeg, or .jpg

Choose File

No file
chosen

Example of a 'Before' photo



* 26. Please attach a photo of the client *After* they receive a wheelchair.

Photo guidelines:

- Show the person's whole body, from head to toe, so we can see the whole wheelchair
- Wheelchair should be correctly assembled
- Wheelchair should be properly adjusted (including footrests)
- No children in GEN_1 wheelchairs
- File must be .PNG, .jpeg, or .jpg

Choose File

No file
chosen

Example of an 'After' photo



* 27. Please attach the story of the wheelchair client above . File must be a .doc

You can submit either A or B:

Option A

Answer the following questions:

1. Client Name
2. Age
3. Anything special about where they live (a farm, in the hills, in town)?
4. Family information (siblings, children, parents, married, single, etc.)
5. Client's disability (type, cause of disability and when acquired)
6. Have they used mobility aids before (walker, crutches, cane, or wheelchair)?
7. If yes, what kind of mobility aid and for how long? Who provided it?
8. What is the main way they get around? (Crawling, being carried, mobility aid, etc.)
9. Who is the main caregiver? Explain how they help them:
10. What are the client or caregiver's thoughts and emotions about the Free Wheelchair Mission wheelchair?
11. A quote from the client or caregiver:
12. Any other interesting information to include?

Option B

Write a story of at least 200 words about the wheelchair client. Use the questions listed above as guidance.

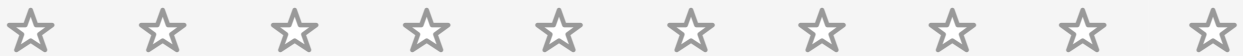
Choose File

chosen

Wheelchair Container Report

11. Customer Service

* 28. How would you rate your satisfaction with FWM's overall partner support and communication?



29. What other resources or support would be helpful to have from FWM? (more translations, more phone calls, more videos, more visits, etc.)

Wheelchair Container Report

12. Your Next Container

* 30. Would you like to receive another container of wheelchairs?

☐ Yes

☐ Not Sure

☐ No

31. If yes, when would you like to receive your next container?

Please enter an estimate

DD/MM/YYYY



Wheelchair Container Report

13. Thank You

Thank you!

Your Wheelchair Container Report is complete.

Send us more wheelchair photos here!

<https://www.dropbox.com/request/Y0Pg6tEWgNxSM2RfC4pc>

You can also email them to us: tstansbury@freewheelchairmission.org