



Wheelchair Container Report

1. Instructions

Thank you for partnering with Free Wheelchair Mission (FWM). We recently donated wheelchairs to your organization. Please complete this report so that we can monitor and improve our program.

If you have questions, email smbega@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 process? Select all that apply.**

- None
- Shipping documentation process took much longer than expected
- Container arrived sooner than or later than expected
- Other (please explain):
- Communication from FWM was poor
- We did not receive the documentation before the container arrived
- Documentation was incorrect



Wheelchair Container Report

4. Quality Control

Did you receive any broken or missing pieces? Message our Quality Control WhatsApp # to let us know! **+1-323-996-9198**

* 5. 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 | |

* 6. 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 | |

* 7. 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?

* 8. 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?

* 9. How many wheelchairs could not be assembled into a complete wheelchair?

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

Wheelchair Container Report

5. Program Costs

Please provide your best estimate for costs related to this specific container.

* **10. How much 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 | |

* **11. How much did it cost to transport the container from the port or container yard 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 | |

6. Provision Challenges

* 12. Which challenges did your organization and partners experience while providing the wheelchairs? Select all that apply.

- | | |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Referring out for a different service or device (including a different type of wheelchair) |
| <input type="checkbox"/> Assembling the wheelchairs | <input type="checkbox"/> Providing User Training |
| <input type="checkbox"/> Using the Application and Fit Form (Assessment) | <input type="checkbox"/> Providing the Christian message (if applicable) |
| <input type="checkbox"/> Customizing the wheelchair to meet users' physical and environmental needs (Adjusting and Fitting) | <input type="checkbox"/> The provision process was very expensive |
| <input type="checkbox"/> Other (please specify) | |

7. How are we doing?

* 13. How would you rate your satisfaction with FWM's overall partner support and communication? (out of 10 stars)

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

Wheelchair Container Report

8. Feedback and Suggestions

We want to hear from you!

* 14. Please explain your feedback or suggestions for FWM. (select one or more category)

- | | |
|-----------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> I don't have feedback or suggestions for FWM | <input type="checkbox"/> Quality Control |
| <input type="checkbox"/> Shipping or ordering | <input type="checkbox"/> FWM requirements |
| <input type="checkbox"/> FWM Training or Coachings | <input type="checkbox"/> Reporting |
| <input type="checkbox"/> FWM Audits | <input type="checkbox"/> General communication |
| <input type="checkbox"/> Wheelchair design | <input type="checkbox"/> Other |

What is your feedback or suggestion(s)?

15. Would you like FWM to contact you to discuss your feedback or suggestions?

- Yes
- No



Wheelchair Container Report

9. Photos and Story

16. Please attach one photo of a wheelchair user *before* they received a wheelchair.

- File must be .PNG, .jpeg, or .jpg
- Photo must show the person's whole body

Choose File

Choose File

No file
chosen

Example



* 17. Please attach one photo of the wheelchair user *after* they received the wheelchair.

- File must be .PNG or .jpeg
- Photo must show the person's whole body
- Wheelchair should be correctly assembled
- Wheelchair should be properly adjusted

Choose File

Choose File

No file
chosen

Example



* 18. Please attach the story of the wheelchair user. File must be a .doc

Choose File

Choose File

No file
chosen

For the story, you can submit either Option A or Option B:

Option A

Answer the following questions:

1. 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.). Please include family members names if available.
5. Their diagnosis (cause of disability and when acquired, or why they need a wheelchair)
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. Do they have a caregiver or do they care for themselves independently? If they have a caregiver, how does the caregiver help them?
10. What are the wheelchair user's or caregiver's thoughts and emotions about the Free Wheelchair Mission wheelchair?
11. How will the wheelchair change the lives of the individuals and families who receive them? (For example: Can they go to school? Can they make a living? Do they have more freedom? Does the wheelchair user's family/caregiver worry less about their safety and future? etc.)
12. A quote from the wheelchair user or caregiver:
13. Any other interesting information to include.

Option B

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

Wheelchair Container Report

10. Additional Photos

Do you have other photos to share? Please upload them below:

19. Photo upload

Choose File

Choose File

No file
chosen

20. Photo upload

Choose File

Choose File

No file
chosen

21. Photo upload

Choose File

Choose File

No file
chosen

22. Photo upload

Choose File

Choose File

No file
chosen

23. Photo upload

Choose File

Choose File

No file
chosen

24. Photo upload

Choose File

Choose File

No file
chosen

25. Can you tell us about these photos?



You can also email additional photos and stories to
smbega@freewheelchairmission.org

Wheelchair Container Report

11. Impact

This allows us to tell your story to our supporters, and let them know their donations are having impact. Thank you for sharing!

* 26. How have these wheelchairs impacted your organization and your community? Do they help change people's views about disability inclusion ?

12. Wheelchair users' satisfaction

* 27. Did you encounter any wheelchair users who were not fully satisfied with the FWM wheelchair?

Yes

No

13. Wheelchair users' satisfaction

* 28. For those not fully satisfied with the FWM wheelchair, what was their feedback about the wheelchair?



Wheelchair Container Report

14. Injury

To maintain our wheelchairs' compliance with the Food and Drug Administration (FDA), we must ask this question.

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

- Yes
- No

Wheelchair Container Report

15. Injury

* 30. 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

16. Deaths

To maintain our wheelchairs' compliance with the Food and Drug Administration (FDA), we must ask this question.

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

- Yes
- No

17. Deaths

* 32. 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

18. Demographics

If you do not track demographic data, please provide your best estimates for the following questions.

* **33. What percentage of this container's wheelchairs went to the following age groups?**

Children ages 0-5

Children ages 6-17

Adults ages 18-69

Adults ages 70+

* **34. What percentage of this container's wheelchairs went to each gender?**

Female

Male

Non-binary/gender non-conforming

35. What was the main cause of disability for the people who received a wheelchair from this specific container? (see below for more explanation)

- Accidents/Trauma
- Illness/Disease/Disorder
- Environment
- Birth complication/Genetics
- Elderly-related

Accidents/Trauma:

- *Spinal Cord Injuries (SCI)- Typically from motor vehicle accidents or falls*
- *Broken bones/fractures*
- *Traumatic Brain Injuries (TBI)- Typically from motor vehicle accidents*
- *War wounds/abuse violence*

Illness/Disease (virus, bacteria, fungus, or disorder):

- *Heart, liver, kidney failure or conditions*
- *Infections that lead to amputations*
- *Poliomyelitis*
- *Meningitis*

Environment:

- *Malnutrition*
- *Agent Orange*

Birth Complications/Genetics:

- *Cerebral Palsy*
- *Spina bifida*
- *Genetic disorders (there are many types that affect someone's mobility)*

Elderly-related:

- *Osteoarthritis*
- *Severe fatigue*

19.

* 36. Do you keep a Waiting List of people applying for a wheelchair?

Yes

No

20. Waiting List

These questions are about your current waiting list of people who need a wheelchair.

These questions are optional, complete only what you know.

37. How many people are on your waiting list for a wheelchair?

38. Of the people on your current waiting list, what percentage are the following ages?

0-5

6-17

18-69

70+

39. Of the people on your current waiting list, what percentage are each gender?

Female

Male

Non-binary/gender non-conforming

40. Of the people on your current waiting list, what is the main cause of disability? (see below for more explanation)

- Accidents/Trauma
- Illness/Disease/Disorder
- Environment
- Birth complication/Genetics
- Elderly-related

Accidents/Trauma:

- *Spinal Cord Injuries (SCI)- Typically from motor vehicle accidents or falls*
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- *Malnutrition*
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- *Cerebral Palsy*
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Elderly-related:

- *Osteoarthritis*
- *Severe fatigue*