|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| Please rate how much you agree with the following statements: | 1 | 2 | 3 | 4 | 5 |
| The patient guide helped me increase my understanding of ergonomic principles. |  |  |  |  |  |
| I feel more comfortable with how to adjust an existing car seat. |  |  |  |  |  |
| I understand which driving postures/positions should be avoided. |  |  |  |  |  |
| I feel more comfortable with evaluating car seats.  |  |  |  |  |  |
| I have an increased knowledge of car seat modifications/accessories. |  |  |  |  |  |
| The guide was well organized. |  |  |  |  |  |
| The guide was visually appealing. |  |  |  |  |  |
| The images in the guide helped me understand the concepts. |  |  |  |  |  |
| I will keep the guide for future reference. |  |  |  |  |  |
| I can see myself sharing the guide with others.  |  |  |  |  |  |

**Patient Feedback Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| Please rate how much you agree with the following statements: | 1 | 2 | 3 | 4 | 5 |
| The patient guide will help patients gain an understanding of basic ergonomic principles. |  |  |  |  |  |
| The information provided about car seat adjustments is easy for patients to understand. |  |  |  |  |  |
| The guide will help patients evaluate car seats.  |  |  |  |  |  |
| Information about modifications/accessories will help patients looking to improve their driving set ups. |  |  |  |  |  |
| The guide was well organized. |  |  |  |  |  |
| The guide was visually appealing. |  |  |  |  |  |
| The guide answers questions patients ask me about car seat ergonomics and comfort. |  |  |  |  |  |
| The pain map is a useful component of the guide. |  |  |  |  |  |
| I can see myself sharing this guide with patients in the future.  |  |  |  |  |  |
| This is a helpful resource for patients.  |  |  |  |  |  |

**PT/Health Practitioner Feedback Form**