

Date of Evaluation: _____

Veteran's Name: _____ Last 4: _____

Address: _____

Contact Person: _____ Relationship: _____

Phone Number: _____ Email: _____

Primary Disability: _____ Date of Onset: _____

Secondary Disability/Illness: _____ Date of Onset: _____

Veteran's Height: _____ Veteran's Weight: _____

Functional Limitations of Veteran:Upper Extremities: No Limitation Impairment: _____Lower Extremities: No Limitation Impairment: _____Sensation: Full Sensation Areas of Decreased Sensation: _____Head/Neck Movement: No Limitation Impairment: _____Voice: Strong and Clear Often Hoarse Not Able to Project Short of Breath Other Issue with Voice: _____Hearing: No Impairment Moderate Loss Severe Loss, Hearing Aids Yes NoVision: No Impairment, Vision Problems: _____Glasses Yes No Bifocals Yes No Contacts Yes No**Mobility Device Information:**

Which of the following does the veteran own and use on a regular basis?

 Power Wheelchair Manual Wheelchair Scooter Walker Cane

Primary Mobility Device: Model #: _____ Serial #: _____

Approximately what date did the veteran obtain this device?: _____

Secondary Wheelchair: Yes No, Model #: _____ Serial #: _____Is the veteran planning on obtaining any new mobility devices soon? Yes No

If so, explain: _____

EADL Priorities/Overall System InformationTop EADL Priorities/Reason for Evaluation: _____
_____Where does veteran spend the majority of the day? _____

Hours in Bed: _____ Hours in Wheelchair: _____

In bed, does the veteran want to operate full EADL? Yes No

Who else lives in the veteran's home?: _____

Does the veteran have personal care attendants? Yes NoIs the veteran ever home alone? Yes No For how long? _____**Internet/WiFi/Power:**Is there reliable high speed internet throughout the home? Yes NoIf no, provide details: _____

WiFi Speed: Upload _____ Mbps Download _____ Mbps

Does the home experience frequent power outages? Yes No**Access to System:**

How would the veteran prefer to access the EADL system? (Main preference)

 Voice Switch Touch ScreenUse existing equipment with EADL? Yes No**Existing Equipment:** AAC Device – Make and Model: _____ Tablet – Make and Model: _____ Mount – Make and Model: _____ Other – Make and Model: _____**Mounting Needed:** Locations where the veteran will need to see and access the EADL system. Wheelchair Mount Bed Mount Other Mount Location: _____Mount notes: _____
_____**Veteran's Level of Tech Savvy/Knowledge** 1 2 3 4 5 6 7 8 9 10

Scared of Technology

Comfortable with Basics

Very Tech Savvy

Computer Expert

Telephone Access: Include in System? Yes No

Does the veteran own a mobile phone? Yes No

Is the veteran **currently** able to fully access their mobile phone when in their wheelchair?
 Yes No

Is the veteran **currently** able to fully access their mobile phone when in bed? Yes No

Make and Model of Mobile Phone: _____ OS Version: _____

Is there a landline service at the home? Yes No

If yes, Full Landline Phone Access or Preprogrammed Numbers Only

Landline service through internet provider? Yes No

Is there is telephone jack in the room(s) where the veteran wants telephone access? Yes No

Swinging Doors: Include in System? Yes No

Door #1: _____ Independently Lock/Unlock ONLY? Yes No
Door location

Independently Open/Close? Yes No Independently View to Visitors at Door? Yes No
 Does door swing freely 90 degrees with no resistance at all? Yes No

Door #2: _____ Independently Lock/Unlock ONLY? Yes No
Door location

Independently Open/Close? Yes No Independently View to Visitors at Door? Yes No
 Does door swing freely 90 degrees with no resistance at all? Yes No

Door #3: _____ Independently Lock/Unlock ONLY? Yes No
Door location

Independently Open/Close? Yes No Independently View to Visitors at Door? Yes No
 Does door swing freely 90 degrees with no resistance at all? Yes No

Garage Overhead: Include in System? Yes No

Independently Operate Overhead Garage Door Opener? Yes No

Cameras: Include in System? Yes No

Number of Cameras: _____ Recording Capability? Yes No (may have fees)

Location of Additional Cameras:

Attendant Call: Include in System? Yes No

Does the veteran need independent attendant call? Yes No, Switch Adapted? Yes No

Integrated into EADL? Yes No Use drive controls to activate? Yes No

If No, Alarm in EADL? Yes No

Light/Appliance Control: Include in System? Yes No

Room #1: _____ # of Bulbs to Control: _____ # of Plugs to Control: _____
Room location

Number of Switch Modules to be controlled:

Dimmer: _____ On/Off: _____ Auxiliary: _____
 Total number should account for all wall switches in room.

Switch Style: Standard (small switch) Decorator (paddle style)

Room #2: _____ # of Bulbs to Control: _____ # of Plugs to Control: _____
Room location

Number of Switch Modules to be controlled:

Dimmer: _____ On/Off: _____ Auxiliary: _____
 Total number should account for all wall switches in room.

Switch Style: Standard (small switch) Decorator (paddle style)

Room #3: _____ # of Bulbs to Control: _____ # of Plugs to Control: _____
Room location

Number of Switch Modules to be controlled:

Dimmer: _____ On/Off: _____ Auxiliary: _____
 Total number should account for all wall switches in room.

Switch Style: Standard (small switch) Decorator (paddle style)

Additional Items to Control: # of Bulbs to Control: _____ # of Plugs to Control: _____

Number of Switch Modules to be controlled:

Dimmer: _____ On/Off: _____ Auxiliary: _____
 Total number should account for all switches in room.

Switch Style: Standard (small switch) Decorator (paddle style)

Entertainment Control: Include in System? Yes No

Room #1: _____ Cable Provider: _____ IR Remote? Yes No
Room location

TV: Yes No Brand: _____

Smart TV? Yes No, Need Access to Smart TV Functions? Yes No

Explain Smart TV Functions Used: _____

Have Original Remote: Yes No

DVD/BluRay: Yes No Brand: _____

Have Original Remote: Yes No

Stereo: Yes No Brand: _____

Have Original Remote: Yes No

Other entertainment components to be controlled: _____

Entertainment Control Continued:

Room #2: _____ Cable Provider: _____ IR Remote? Yes No
Room location

TV: Yes No Brand: _____

Smart TV? Yes No, Need Access to Smart TV Functions? Yes No

Explain Smart TV Functions Used: _____

Have Original Remote: Yes No

DVD: Yes No Brand: _____

Have Original Remote: Yes No

Stereo: Yes No Brand: _____

Have Original Remote: Yes No

Other entertainment components to be controlled: _____

HVAC: Include in System? Yes No

Independently control the central heating/cooling system? Yes No

How many thermostats? _____ How many to have control over? _____

Window Unit? Model #: _____

Bed/Lift Chair: Include in System? Yes No

Does the veteran need alternate control of a Bed or Lift Chair? Yes No

Make and Model of Bed/Lift Chair: _____

Wired Remote? Yes No

Miscellaneous Items:

Does the veteran have any other items not listed that they want control over? Yes No

Notes: _____

Any Additional Notes on EADL:

Pictures Needed: Try to get good lighting for pictures and make sure pictures are in focus so that details can be seen.

DO NOT BE AFRAID OF TAKING TOO MANY PICTURES – if in doubt, take a picture. The requested pictures listed below are required for ImproveAbility to quote out equipment properly, but feel free to include as many pictures as needed so that ImproveAbility can understand the layout of the space where the EADL will be used.

- Veteran seated in primary mobility device – front view, right and left side view, back view
 - Picture showing wheelchair model printed on wheelchair
 - Picture showing wheelchair serial number printed on wheelchair
 - Pictures of secondary mobility device, if present
 - Pictures of rooms where any items are to be controlled
 - Screen Shots of Wireless Speed – may test multiple locations if veteran notes dead zones.
 - Pictures of any existing mobile devices or communication devices that the veteran would like to use
 - If using existing AAC, take pictures of front and back of device
 - Close up/detail pictures on any mounting locations
- For each swinging door that is being requested for an automatic door opener:
- Full door picture – inside and outside - showing full door from top to bottom
 - Close up of door knob – inside and outside
 - Close up of latch receiver in door jam and latch on edge of door
 - Picture showing closest outlet location.
 - If requesting video intercom, take picture showing current overall doorbell location and close up of existing doorbell.
- For any deadbolts to control – close ups of existing door knob/deadbolt – inside and outside
 - Close up of latch receiver in door jam and latch on edge of door
 - For garage overhead door
 - Pictures of motor showing model number and plug in ceiling for power
 - Pictures of existing remote control – front and back
 - Picture of any preferred camera locations. Make sure to provide context pictures as well as and close ups.
 - If requesting video intercom/additional cameras – screen shot of WiFi speed at most remote location
 - Overall pictures of all walls of rooms where lights or appliances are to be controlled. If there are any unusual fixtures, be sure to get close ups.
 - Pictures of entertainment systems to be controlled. Close ups on any unusual features.
 - For central heating/air - Picture of wires underneath thermostat cover
 - Pictures of outside of thermostat
 - Pictures of model number, if possible
 - For window units – picture of unit, picture of remote control (front and back) if present
 - Bed overall pictures for mounting information – wide shots of the entire bed from different angles so ImproveAbility can consider mounting options.
- If requesting bed and/or lift chair control
- Picture of model number/name printed on bed
 - Picture of control pendant – front and back
 - Follow the pendant wire along the bed, unplug it from the bed and take a picture of the connector.
 - Picture of the end of the connector showing wires/pins.
- Pictures of any other items that the veteran would like to control.
 - Front and back of any exiting remote controls

Evaluator: _____

Phone: _____ Email: _____