

Questionnaire on the effect of the Protac Ball Blanket[®]

This questionnaire is a support to do an individual evaluation and documentation on the effect of the Protac Ball Blanket[®]

1 + 2 must be filled in before trying the blanket. The rest must be filled in afterwards

Date: _____

Period: _____

Name of responsible staff: _____

Name of user: _____

Age and diagnose: _____

Why is the Protac Ball Blanket[®] being tested with this user?

The questionnaire is filled in by:

- | | |
|--|---|
| <input type="checkbox"/> The user self | <input type="checkbox"/> The therapist |
| <input type="checkbox"/> A relative | <input type="checkbox"/> Another person |

1: Which model of the Protac Ball Blanket[®] is being tested?

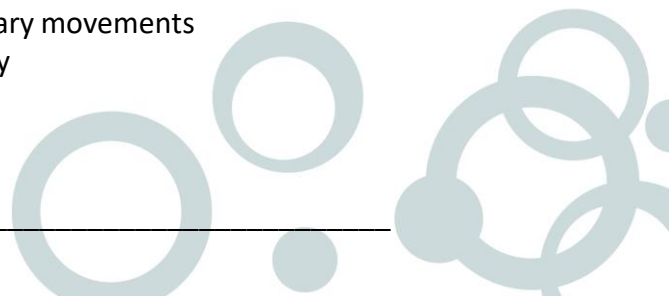
- ☐ Protac Ball Blanket[®] Flexible
- ☐ Protac Ball Blanket[®] Calm
- ☐ Protac Ball Blanket[®] Combi
- ☐ Protac Ball Blanket[®] Granulate[®]

Unit number _____

2: Why is the Protac Ball Blanket[®] being tested – which issues do you want to remedy?

- | | |
|--|---|
| <input type="checkbox"/> Motor unrest | <input type="checkbox"/> Concentration issues |
| <input type="checkbox"/> Sleeping disturbances | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Mental unrest | <input type="checkbox"/> Self-harming behaviour |
| <input type="checkbox"/> Pain | <input type="checkbox"/> Involuntary movements |
| <input type="checkbox"/> Tactile defensiveness | <input type="checkbox"/> Spasticity |
| <input type="checkbox"/> Social disabilities | |

Other issues: _____



3: In which situations were the Protac Ball Blanket® tested? Please fill in all relevant boxes

- ☐ To sleep with
- ☐ To rest with during the day
- ☐ To prepare for an activity
- ☐ To soothe and calm down

Other issues: _____

4: For how long was the Protac Ball Blanket® used?

- ☐ Less than one hour
- ☐ Three-six hours
- ☐ All night

Other comments: _____

**Questions 5-15 are related to your answer to question 2.
Please just answer the questions relevant to your answers.**

5: Did the Protac Ball Blanket® ease the motor unrest?

- ☐ Yes
- ☐ No

6: Did the Protac Ball Blanket® ease the sleeping disturbances?

- ☐ Yes
- ☐ No

7: Did the Protac Ball Blanket® ease the mental unrest?

- ☐ Yes
- ☐ No

8: Did the Protac Ball Blanket® ease the pain?

- ☐ Yes
- ☐ No



9: Did the Protac Ball Blanket® ease the tactile defensiveness?

- ☐ Yes
☐ No

10: Did the Protac Ball Blanket® ease the strengthen the concentration?

- ☐ Yes
☐ No

11: Did the Protac Ball Blanket® ease the social disabilities?

- ☐ Yes
☐ No

12: Did the Protac Ball Blanket® ease the anxiety?

- ☐ Yes
☐ No

13: Did the Protac Ball Blanket® ease the self-harming behaviour?

- ☐ Yes
☐ No

14: Did the Protac Ball Blanket® ease the involuntary movements?

- ☐ Yes
☐ No

15: Did the Protac Ball Blanket® ease the spasticity?

- ☐ Yes
☐ No

Further comments to the above:

