Las Vegas AMBUCS Pre-Tryke Survey

Please answer each question honestly and to the best of your ability. Your feedback helps Las Vegas AMBUCS to improve the Amtryke program and write grants so we can fund more trykes.

1	 How did you first hear about AMBUCS adapted tricycles? Pleases check all that apply. 					
	☐ Therapist☐ Family member☐ Website		☐ Flyer ☐ Friend ☐ AMBUCS Facebook page ☐ Other			
	\square Saw an Amtryke in the commu					
2	What gross motor skills can your child do? Please check all that apply.					
	□roll		☐stand (with or without support)			
	□crawl	□walk (with or without support)				
	\square sit (with or without suppo	ort)				
3	. Why do you want a bike for your child	?				
		18.1				
4	. Why does your child want a bike?					
5	Will this be your child's first bike?	Yes	No			
	What did he/she ride before?					
6	Does your child use any orthotics or m	obility a	ides? Yes		No	
	Please check all that apply:					n K
	□AFOs			Ÿ	□Walker	How often:
	Hand Splints				\square Wheelchair	How often:
	□TLSO				Other	
	□Helmet	a)				8
Ch:Id	a diagnasis.					
	s diagnosis:					ORTHO SUBMINISTRATION VICTORIAN
Date	of birth:					
Race:						
	☐ Caucasian			□Nativ	e Hawaiian or C	ther Pacific Islander
	☐ African American			□Hispa	anic, Latino, or o	f Spanish origin
	□Asian			□ O the	r	
	☐American Indian or Alaska native					
Incom						
	☐ Less than \$25,000			□\$100	,000 to \$149,99	9
	□\$25,000 to \$34,999			□\$150	,000 to \$199,99	9
	□\$35,000 to \$47,500			□\$200	,000 or more	
	□\$47,501 to \$74,999					
	□\$75,000 to \$99,999					