Mattress Trial Evaluation Form

Client Name: ___________________ Date/Duration of Trial: ___________________

Mattress trialled: ___________________ 

Supplier of trial mattress: ___________________

Client Feedback:

Mattress comfort (temperature, pain issues) ___________________

Transfer ability (maintained/improved/worsened): ___________________

Bed mobility (maintained/improved/worsened): ___________________

Ability to attend to ADL’s: (bladder/bowel, dressing) ___________________

Pressure Relief: (turns required? skin integrity etc) ___________________

Carer/partner feedback: ___________________

Features that met client’s needs: ___________________

Negative Features: ___________________

Other Comments: ___________________
General maintenance information

What are the mattress maintenance requirements?

Who is responsible for maintenance?

Is training in the use of the mattress required?

Last Reviewed January 2015
Review Due January 2017