

Cleaning Tool Buying Checklist

Compare the whole task, from taking it out to putting it away.

The task I want to make easier _____

Tool or model I am trying _____

Try it in your usual setup

☐ **Get it out**

I can reach and remove it without moving something heavy.

☐ **Fit the parts**

I can attach the head or pad and securely adjust the handle.

☐ **Grip and controls**

I can hold it comfortably and use the switch, trigger, or catches.

☐ **Move through the task**

I can steer on my flooring without a long stretch or sudden tug.

☐ **Clean and maintain it**

I can empty, rinse, wash, or service it as directed, or arrange help.

☐ **Put it away**

Storage and charging are reachable, secure, and clear of walkways.

☐ **Check the purchase**

I understand return terms, parts availability, and ongoing costs.

My decision and the help I need

What worked _____

What felt awkward _____

Steps to share or get advice on _____

[] Keep comparing [] Try a different setup [] This option fits my task

General household checklist, not treatment advice. Follow your clinician's restrictions. Stop if a trial causes pain, dizziness, or instability. Ask for individualized help when a movement is uncertain.