# Wheelchair Components Questionnaire (WCQ)

To be completed by a wheelchair provider

Date: _____ Location: _____ Assessor's name _____ Certification(s): _____

Wheelchair type:_____ Wheelchair ID #_____ Total months in use (if known):_____

_____

**Instructions:**

Indicate the current maintenance condition of the wheelchair by **placing a vertical mark on the li**ne indicating your rating. Do not circle the emoticon faces; they are only for reference in placing your mark. The visual analogue scale is intended to provide continuous data so please mark anywhere along the line. Include at least one full sentence on the comment line that specifically describes the reason behind your rating. If there is evidence of past repair or replacement, describe in your comment.

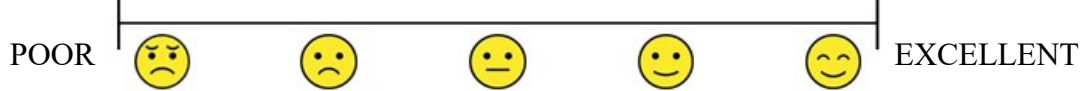**See example below.**

Rate the **left shoe**.

POOR ⊙⊙ ⊙⊙ ⊙⊙ ⊙⊙ ⊙⊙ EXCELLENT

Comment: *The tread has been worn smooth. The sole is starting to come loose in spots. Has been glued.*

---

1. Rate the **seat**, include cushions and other parts supporting the hips, buttocks and thighs.

POOR ⊙⊙ ⊙⊙ ⊙⊙ ⊙⊙ ⊙⊙ EXCELLENT

Comment: _____

---

2. Rate the **seat back**, include the cushions and other parts supporting the back, trunk and head.

POOR ⊙⊙ ⊙⊙ ⊙⊙ ⊙⊙ ⊙⊙ EXCELLENT

Comment: _____

---

3. Rate the **foot supports**, front rigging and other parts that support the feet and lower legs.

POOR ⊙⊙ ⊙⊙ ⊙⊙ ⊙⊙ ⊙⊙ EXCELLENT

Comment: _____

# Wheelchair Components Questionnaire (WCQ)

4. Rate the **frame**, the structure holding the seat and back. Include armrests, push handles (canes) and anti-tip devices if present.

POOR ⸜(ↂ﹏ↂ)⸝ ☹ 😐 🙂 😊 EXCELLENT
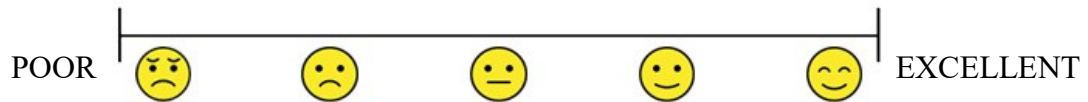
Comment: _____

5. Rate the **caster(s)**, the smaller front wheel(s), and their attachments to the wheelchair.

POOR ⸜(ↂ﹏ↂ)⸝ ☹ 😐 🙂 😊 EXCELLENT

Comment: _____

6. Rate the **main wheels and push rims**.

POOR ⸜(ↂ﹏ↂ)⸝ ☹ 😐 🙂 😊 EXCELLENT

Comment: _____

7. Rate the **wheel locks (brakes)**.

POOR ⸜(ↂ﹏ↂ)⸝ ☹ 😐 🙂 😊 EXCELLENT

Comment: _____

8. Rate the wheelchair **overall**.

POOR ⸜(ↂ﹏ↂ)⸝ ☹ 😐 🙂 😊 EXCELLENT

Comment: _____

_____