

Wheelchair Satisfaction Questionnaire

For a Wheelchair User to Rate their Chair

Date: _____ Start time: _____ End Time: _____ Location: _____

Participant's name _____

Gender: _____ Age: _____ Diagnosis: _____

Years in a WC: _____ Time in current WC: _____ Current WC type & model: _____

Circle best answer: Pushed by: Assistant Assistant and self Almost completely self Self

Was WC new when you received it? Yes No Head and trunk control: None Poor Fair Good






Instructions: Mark on the line to indicate your satisfaction with that aspect of your wheelchair.

- Answer the questions by **placing a vertical mark on the line**. Mark anywhere along the line.
- Do **not** circle emoticon faces; they are only for reference.
- Include at least **one full sentence** on the comment line to describe the reason behind your rating.
 - **Be specific** about situations or wheelchair parts that are a problem or cause pain and discomfort.
 - **Mentioning problem parts** will help with repair and modification.
 - **See example below** in which a shoe was rated.

If a question does not apply to you at all, do not mark on the line. Explain in the comment why it did not apply.






See last example below in which the question did not apply.

Rate your satisfaction with how your **left shoe fits** your foot.

POOR |  /     | EXCELLENT






Comment: *The shoe is too short and narrow. It hurts my feet.*

Rate your satisfaction with how your **left shoe fits** your foot.

POOR |      | EXCELLENT

Comment: *I have no left shoe, but I need one. My foot is often injured.*

Rate your satisfaction with how your **left shoe fits** your foot.

POOR |      | EXCELLENT

Comment: *N/A. I do not have feet.*

1. Rate your satisfaction with the parts that support your **hips, buttocks, and thighs.**



Comment: _____

2. Rate your satisfaction with the parts that support your **back, trunk, and head.**



Comment: _____

3. Rate your satisfaction with the parts that support your **calves, ankles, and feet.**



Comment: _____

4. Rate your satisfaction with the parts that support your **shoulders, arms, and hands.**



Comment: _____

5. Rate your satisfaction with the **parts a helper uses** to push you in your chair.



Comment: _____

6. Rate your satisfaction with the **casters**, (the smaller front wheel(s), and their attachment to the wheelchair.



Comment: _____

7. Rate your satisfaction with the **main wheels and push rims**.



Comment: _____

8. Rate your satisfaction with the **wheel locks** (brakes).



Comment: _____

9. Rate your satisfaction with how your **wheelchair fits your body**.



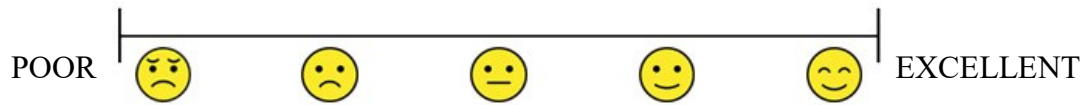
Comment: _____

10. Rate your satisfaction with the **color and appearance** of this wheelchair. Is it ugly, or does it look nice?



Comment: _____

11. Rate your satisfaction with how this wheelchair helps your ability to **maneuver in small spaces.**



Comment: _____

12. Rate your satisfaction with how this wheelchair helps your ability to **maneuver easily across all surfaces and obstacles.**



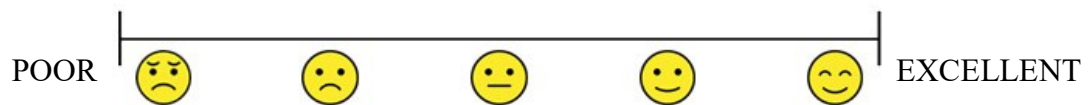
Comment: _____

13. Rate your satisfaction with how this wheelchair helps **your ability to get in and out of a wheelchair.**



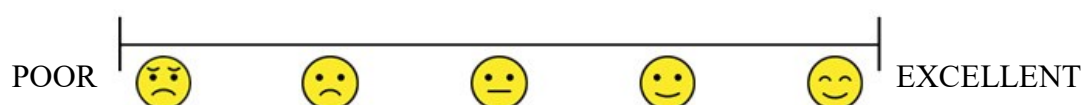
Comment: _____

14. Rate your satisfaction with how this wheelchair helps your ability to accomplish daily desk **and table activities.**



Comment: _____

15. Rate your satisfaction with how this wheelchair helps your ability to **sit upright and see others.**



Comment: _____

16. Rate your satisfaction with how your current wheelchair helps your ability to **travel in vehicles such as cars and public transportation.**



Comment: _____

17. Rate your **overall satisfaction** with your current wheelchair.



Comment: _____