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**.

   POOR 🙁🙁😊😊😊 EXCELLENT

   Comment: ____________________________________________

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

   POOR 🙁🙁😊😊😊 EXCELLENT

   Comment: ____________________________________________

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

   POOR 🙁🙁😊😊😊 EXCELLENT

   Comment: ____________________________________________

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

   POOR 🙁🙁😊😊😊 EXCELLENT

   Comment: ____________________________________________

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

   POOR 🙁🙁😊😊😊 EXCELLENT

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

![Rating Scale]

POOR 😞 😞 😞 😞 😞 EXCELLENT 😊 😊 😊 😊 😊

Comment: ____________________________________________

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

![Rating Scale]

POOR 😞 😞 😞 😞 😞 EXCELLENT 😊 😊 😊 😊 😊

Comment: ____________________________________________

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

![Rating Scale]

POOR 😞 😞 😞 😞 😞 EXCELLENT 😊 😊 😊 😊 😊

Comment: ____________________________________________

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

![Rating Scale]

POOR 😞 😞 😞 😞 😞 EXCELLENT 😊 😊 😊 😊 😊

Comment: ____________________________________________

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

![Rating Scale]

POOR 😞 😞 😞 😞 😞 EXCELLENT 😊 😊 😊 😊 😊

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

POOR 😞 😞 😞 😞 😞 EXCELLENT 😊 😊 😊 😊 😊

Comment: ________________________________________________________________

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

POOR 😞 😞 😞 😞 😞 EXCELLENT 😊 😊 😊 😊 😊

Comment: ________________________________________________________________

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

POOR 😞 😞 😞 😞 😞 EXCELLENT 😊 😊 😊 😊 😊

Comment: ________________________________________________________________

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

POOR 😞 😞 😞 😞 😞 EXCELLENT 😊 😊 😊 😊 😊

Comment: ________________________________________________________________

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

POOR 😞 😞 😞 😞 😞 EXCELLENT 😊 😊 😊 😊 😊

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

POOR ☹️ ☹️ ☺️ ☻ ☻ || EXCELLENT

Comment: ____________________________________________________________

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

POOR ☹️ ☹️ ☺️ ☻ ☻ || EXCELLENT

Comment: ____________________________________________________________