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: _________________________________________________________________________
8. Rate the ease of transporting this wheelchair in/on a car, van, or other means of transport this user is likely to encounter (from "poor" to "excellent").

Comment: ____________________________________________________________

9. Rate the ease of transferring in and out of this wheelchair for this user, with or without the help of an assistant (from "poor" to "excellent").

Comment: ____________________________________________________________