

# 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: Assistance 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 on the line. Mark anywhere along the line.
- Do **not** circle letter grades; 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. From below E (poor) to above A (excellent).



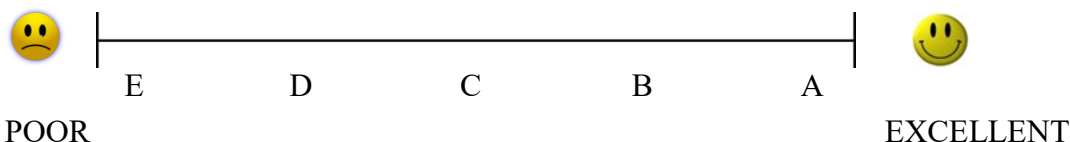
Comment: The shoe is too short and narrow. It hurts my feet.

Rate your satisfaction with how your left shoe fits your foot. From below E (poor) to above A (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. From below E (poor) to above A (excellent).



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



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

*From below E (I'm very dissatisfied) to above A (It's perfect for me!)*

 | E D C B A |   
POOR EXCELLENT  
Comment: \_\_\_\_\_



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

*From below E (I'm very dissatisfied) to above A (It's perfect for me!)*

 | E D C B A |   
POOR EXCELLENT  
Comment: \_\_\_\_\_



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

*From below E (I'm very dissatisfied) to above A (It's perfect for me!)*

 | E D C B A |   
POOR EXCELLENT  
Comment: \_\_\_\_\_



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

*From below E (I'm very dissatisfied) to above A (It's perfect for me!)*



 | E D C B A |   
POOR EXCELLENT  
Comment: \_\_\_\_\_

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



*From below E (I'm very dissatisfied) to above A (It's perfect for me!)*

 | E D C B A |   
POOR EXCELLENT  
Comment: \_\_\_\_\_



**6. Rate your satisfaction with the casters, (the smaller front wheel(s)), and their attachment to the wheelchair.** *From below E (I'm very dissatisfied) to above A (It's perfect for me!)*

 |-----|   
E D C B A  
POOR EXCELLENT  
Comment: \_\_\_\_\_



**7. Rate your satisfaction with the main wheels and push rims.**  
*From below E (I'm very dissatisfied) to above A (It's perfect for me!)*

 |-----|   
E D C B A  
POOR EXCELLENT  
Comment: \_\_\_\_\_



**8. Rate your satisfaction with the wheel locks (brakes).**  
*From below E (I'm very dissatisfied) to above A (It's perfect for me!)*

 |-----|   
E D C B A  
POOR EXCELLENT  
Comment: \_\_\_\_\_

**9. Rate your satisfaction with how your wheelchair fits your body.**  
*From below E (I'm very dissatisfied) to above A (It's perfect for me!)*

 |-----|   
E D C B A  
POOR EXCELLENT  
Comment: \_\_\_\_\_

**10. Rate your satisfaction with the color and appearance of this wheelchair. Is it ugly, or does it look nice?** *From below E (I'm very dissatisfied) to above A (It's perfect for me!)*

 |-----|   
E D C B A  
POOR EXCELLENT  
Comment: \_\_\_\_\_

*From below E (I'm very dissatisfied) to above A (It's perfect for me!)*

Comment: \_\_\_\_\_

**surfaces and obstacles.** *From below E (I'm very dissatisfied) to above A (It's perfect for me!)*

Comment: \_\_\_\_\_

*From below E (I'm very dissatisfied) to above A (It's perfect for me!)*

Comment: \_\_\_\_\_

**table activities.** *From below E (I'm very dissatisfied) to above A (It's perfect for me!)*

Comment: \_\_\_\_\_

**others.** *From below E (I'm very dissatisfied) to above A (It's perfect for me!)*

Comment: \_\_\_\_\_

From below E (I'm very dissatisfied) to above A (It's perfect for me!)

Comment: \_\_\_\_\_