

# Wheelchair Interface Questionnaire

Wheelchair Interface Questionnaire For Service Providers “Interface” in this context means all interactions between the user, their wheelchair, and their environment.

Date: \_\_\_\_\_ Rater’s name and certifications: \_\_\_\_\_

Rater’s years of wheelchair experience: \_\_\_\_\_ Data collection location: \_\_\_\_\_

Wheelchairs (WC) user’s name: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Gender: \_\_\_ Age: \_\_\_ Number of years in a WC: \_\_\_\_\_ Current WC type & model: \_\_\_\_\_

Time user has been in *this* WC: \_\_\_\_\_ Was WC new when received? Circle: Yes No Don’t Know

Circle the best answer for the following:

Arm control: None Poor Fair Good Cannot determine

Ability to sit up without help: None Short Times Most of the Time All of the Time Cannot Determine

Pushed by: Assistant Only Assistant and Self Mostly Self Only Self Cannot Determine

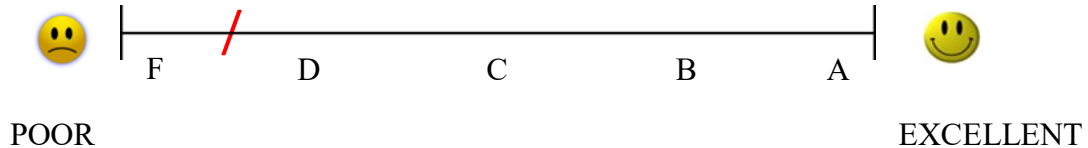
**Instructions: Indicate your professional opinion of the user-wheelchair interface as it is presently and as it applies to your understanding of the current user’s characteristics and living situation.**

- If an interview is possible, it can be beneficial, but it is not required for this questionnaire.
- Provide your professional opinion by placing a vertical mark on the line.
- Do not circle letter grades, they are only for reference in placing your mark.
- Mark anywhere on the line. See example 1 below in which a show was rated lower than a D.
- Include at least one complete phrase on the comment line to describe the reason behind your rating. Be specific about situations or parts that are a problem.
- For mobility questions, answer as the user is most likely to travel, either with or without assistance.
- If a question does not apply at all to the user-wheelchair interface you are rating, do not mark the line, but write NA in the comment section and explain why the question did not apply. See example 2 below.

See the examples below

## EXAMPLE 1: Rate the fit of this person’s shoe for their foot.

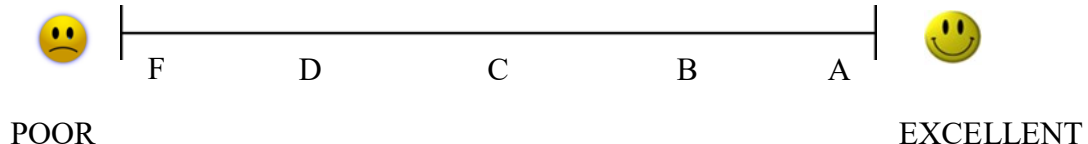
From below F (poor) to above A (excellent).



Comment: The show is too short and narrow. The sides and toe pinch her foot.

## EXAMPLE 2: Rate the fit of this person’s shoe for their foot.

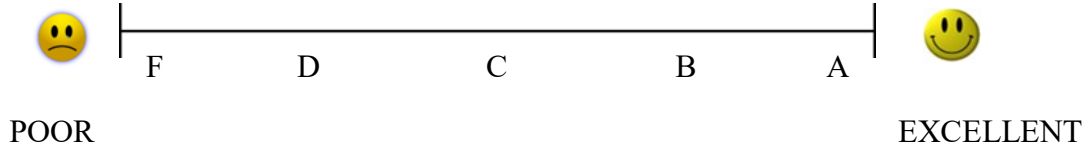
From below F (poor) to above A (excellent).



Comment: N/A. This person does not have a foot.

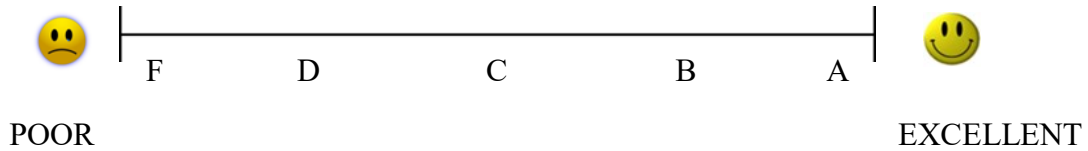
**1. Rate how well this wheelchair prevents pain or harm to...**

**A). This user's head and trunk** *From below F (poor) to above A (excellent).*



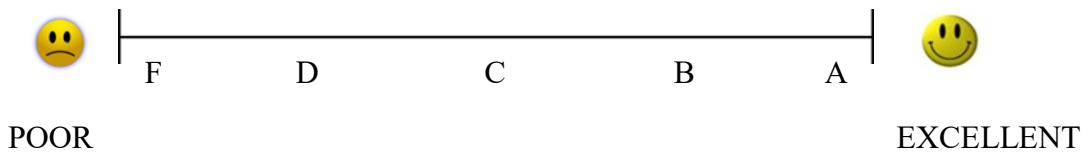
Comment: \_\_\_\_\_

**B). This user's shoulders, arms, and hands.** *From below F (poor) to above A (excellent).*



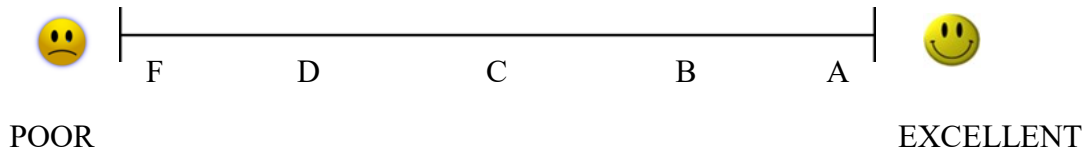
Comment: \_\_\_\_\_

**C). This user's hips, buttocks, and thighs.** *From below F (poor) to above A (excellent).*



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

**D). This user's calves, ankles, and feet.** *From below F (poor) to above A (excellent).*



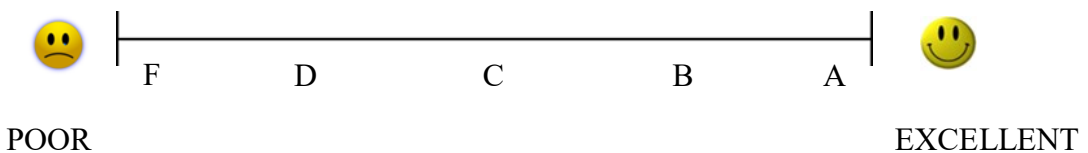
Comment: \_\_\_\_\_

**2. Rate the dimensions of this wheelchair for this user.** *From below F (poor) to above A (excellent).*





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

**3. Rate this wheelchair's postural support for this user.** *From below F (poor) to above A (excellent).*





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



4. Rate this wheelchair's facilitation of mobility across all surfaces and obstacles this user is likely to encounter in daily life. From below F (poor) to above A (excellent).

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



5. Rate this wheelchair's facilitation of mobility in small spaces. From below F (poor) to above A (excellent).

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



6. Rate this wheelchair's facilitation of this user's daily activities at desks or tables. From below F (poor) to above A (excellent).

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



7. Rate this wheelchair's facilitation of social contact for this user. From below F (poor) to above A (excellent).

 |-----|   
F D C B A  
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 below F (poor) to above A (excellent).

 |-----|   
F D C B A  
POOR 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 below F (poor) to above A (excellent).

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