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:_____

Wheelchair (WC) user's name: _____

Diagnosis: _____

Gender: ____ **Age:** ____ **Number of years in a WC:** ____

Current WC type & model: _____**Time user has been in this WC:** _____

Circle the best answer for the following:

Was WC new when received? Yes   No   Don't Know

Arm control: None   Poor   Fair   Good

Pushed by: Assistant Only   Assistant and Self   Self

Ability to sit up without help: None   Short Times   Most of the Time   All of the Time

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 emoticon faces; they are only for reference in placing your mark.
- Mark **anywhere** on the line. See example 1 below.
- 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**.

<div style="text-align:center; color:red;">**See the examples below.**</div>

EXAMPLE 1: Rate the **fit** of this person's shoe for their foot.

POOR |⊗ / ☹ 😐 🙂 😊| EXCELLENT
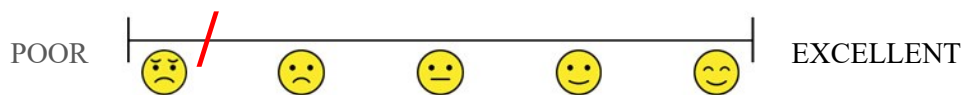
Comment: *The shoe is too short and narrow. The sides and toe pinch her foot.*_____

EXAMPLE 2: Rate the **fit** of this person's shoe for their foot.

POOR |☹ ☹ 😐 🙂 😊| EXCELLENT

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

EXAMPLE 3: Rate the **fit** of this person's shoe for their foot.

POOR |/⊗ ☹ 😐 🙂 😊| EXCELLENT

Comment: *This person has no shoe but needs one. Her feet are often injured.*_____

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1. Rate how well this wheelchair **prevents pain or harm to...**
   1 A). This user's **head and trunk** (from "poor" to "excellent").

   POOR   🙁   🙁   😐   🙂   😊   EXCELLENT

   Comment: _____

   1 B). This user's **shoulders, arms, and hands** (from "poor" to "excellent").

   POOR   🙁   🙁   😐   🙂   😊   EXCELLENT

   Comment: _____

   1 C). This user's **hips, buttocks, and thighs** (from "poor" to "excellent").

   POOR   🙁   🙁   😐   🙂   😊   EXCELLENT

   Comment: _____

   1 D). This user's **calves, ankles, and feet** (from "poor" to "excellent").

   POOR   🙁   🙁   😐   🙂   😊   EXCELLENT

   Comment: _____

2. Rate the **dimensions** of this wheelchair for this user (from "poor" to "excellent").

   POOR   🙁   🙁   😐   🙂   😊   EXCELLENT

   Comment: _____

3. Rate this wheelchair's **<u>postural support</u>** for this user (from "poor" to "excellent").
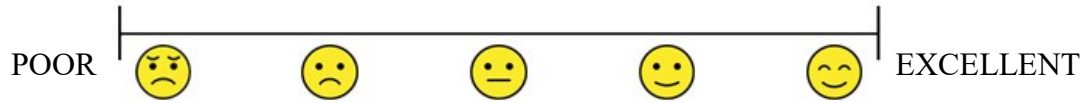
POOR   ☹   ☹   😐   🙂   😊   EXCELLENT

Comment: _____

4. Rate this wheelchair's facilitation of mobility **<u>across all surfaces and obstacles</u>** this user is likely to encounter in daily life (from "poor" to "excellent").

POOR   ☹   ☹   😐   🙂   😊   EXCELLENT

Comment: _____

5. Rate this wheelchair's facilitation of mobility in **<u>small spaces</u>** (from "poor" to "excellent").

POOR   ☹   ☹   😐   🙂   😊   EXCELLENT

Comment: _____

6. Rate this wheelchair's facilitation of this user's **<u>daily activities at desks or tables</u>** (from "poor" to "excellent").
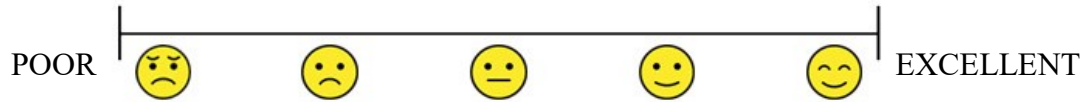
POOR   ☹   ☹   😐   🙂   😊   EXCELLENT

Comment: _____

7. Rate this wheelchair's facilitation of **<u>social contact</u>** for this user (from "poor" to "excellent").

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").

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 "poor" to "excellent").

POOR 🙁 🙁 😐 🙂 😊 EXCELLENT

Comment: _____