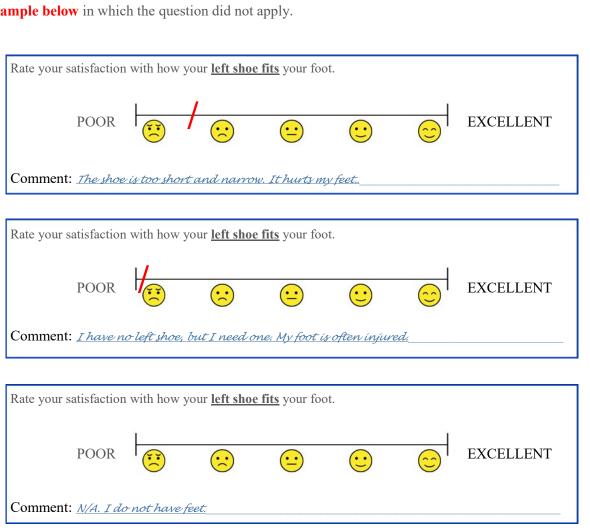
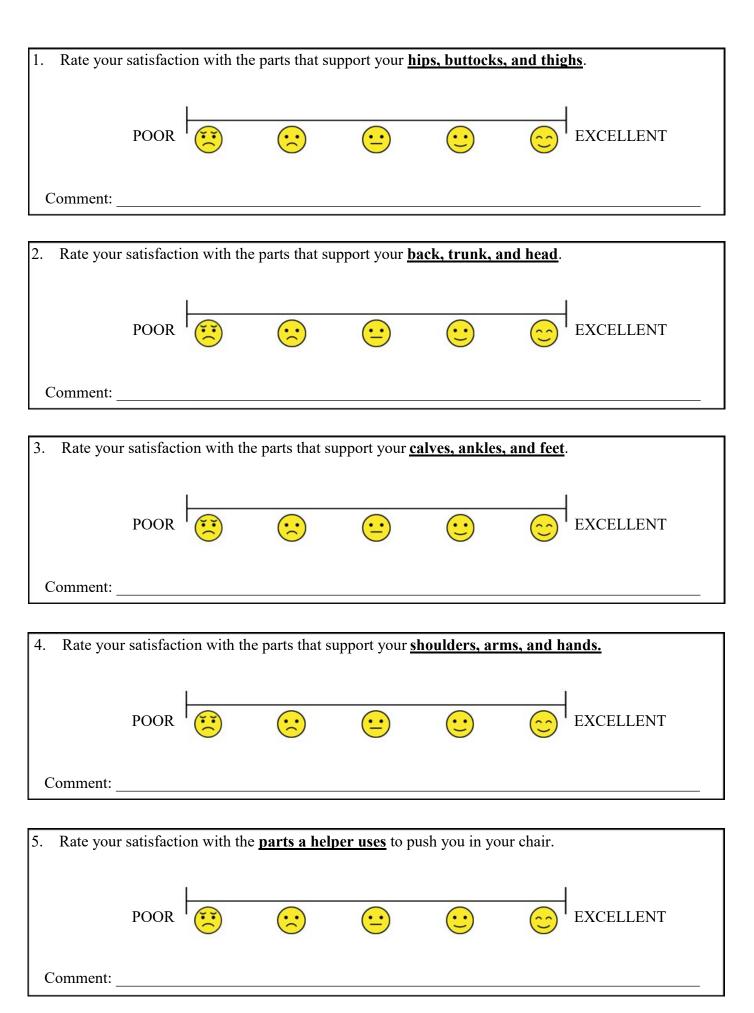
Wheelchair Satisfaction Questionnaire

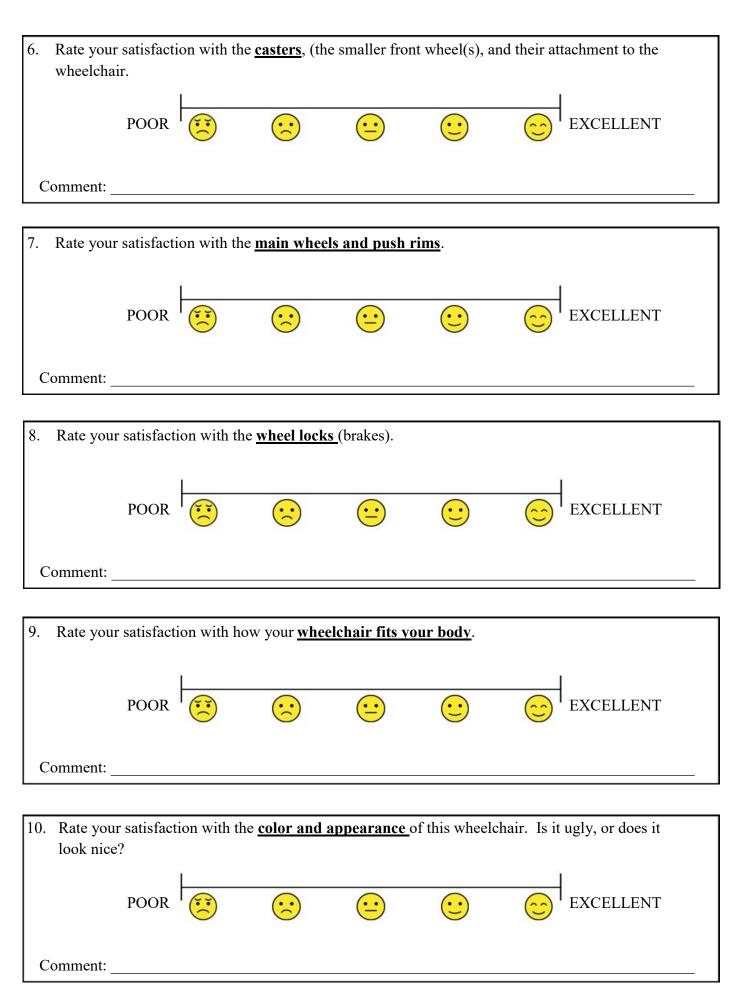
For a Wheelchair User to Rate their Chair							
Date:	_ Start time:	End Time:	Location	ı:			
Participant's name							
Gender:	Age:	Diagnosis:					
Years in a WC:	Time in curi	ent WC:Cu	rrent WC type &	& model:	i		
Circle best answer:	Pushed by: As	ssistant Assistant a	nd self Almost	complet	ely self	Self	.
Was WC new when	you received it?	Yes No Head and	l trunk control:	None	Poor	Fair	Good
Instructions: Mark o	on the line to indicat	te your satisfaction wit	h that aspect of yo	ur wheel	chair.		
• Answer the questi	ons by placing a ver	tical mark on the line.	Mark anywhere al	ong the li	ine.		
• Do <u>not</u> circle emo	oticon faces; they are	only for reference.					
Include at least or	ne full sentence on the	ne comment line to descri	ribe the reason beh	ind your r	ating.		
Be specific a	bout situations or wh	neelchair parts that are a	problem or cause 1	pain and d	iscomfo	rt.	
		help with repair and mo					

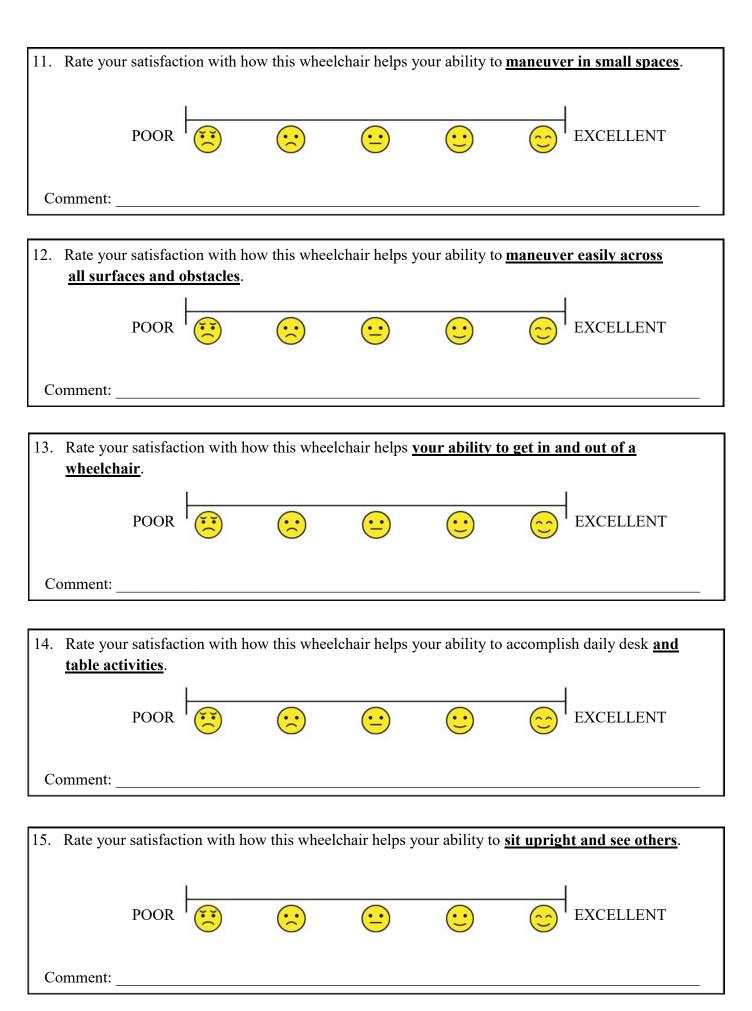
If a question does not apply to you at all, **do not mark on the line**. Explain in the comment why it did not apply. **See last example below** in which the question did not apply.

See example below in which a shoe was rated.









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

POOR | EXCELLENT

Comment: