

**Wheelchair Skills Test-Questionnaire (WST-Q) Version 4.2 Form
Manual Wheelchairs Operated by Caregivers**

Name of wheelchair user: _____

Tester: _____ Date: _____

How administered: _____

#	Individual Skill	Capacity Score* (0-2)	Performance Score* (0-3)	Training Goal? (Y/N)	Comments
1	Operates body positioning options				
2	Rolls forwards short distance				
3	Rolls backwards short distance				
4	Turns while moving forwards				
5	Turns while moving backwards				
6	Turns in place				
7	Maneuvers sideways				
8	Gets through hinged door				
9	Relieves weight from buttocks				
10	Transfers to and from bench				
11	Folds and unfolds wheelchair				
12	Rolls longer distance				
13	Avoids moving obstacles				
14	Ascends slight incline				
15	Descends slight incline				
16	Ascends steep incline				
17	Descends steep incline				
18	Rolls across side-slope				
19	Rolls on soft surface				
20	Gets over gap				
21	Gets over threshold				
22	Ascends low curb				
23	Descends low curb				
24	Ascends high curb				
25	Descends high curb				
26	Performs stationary wheelie				
27	Turns in place in wheelie position				
28	Gets from ground into wheelchair				
29	Ascends stairs				
30	Descends stairs				
Total scores:*		%	%		

* See score options and formulae for calculating total scores on page 2

Comments:

Training goals:

Person (if any) and address to whom the test subject would like a copy of the report to be sent:

Scoring Options for Individual Skills

Capacity question: "Can you do this skill?"		
Answer	Score	What this means
Yes	2	I can safely do the skill, by myself, without any difficulty.
Yes with difficulty	1	Yes, but not as well as I would like.
No	0	I have never done the skill or I do not feel that I could do it right now.
Not possible	NP	My wheelchair does not allow this skill. (Only for skills where a NP score is noted as a possibility in the script.)
Performance question: "How often do you actually do this skill during your daily life?"		
Answer	Score	What this means
Weekly	3	Generally, at least once a week.
Monthly	2	Generally, at least once a month.
Yearly	1	Generally, at least once a year.
Never	0	Generally, less often than once a year or never.

Formulae for Calculating Total Scores

Total Capacity Score = sum of individual capacity scores/([30 - # of NP scores] x 2) X 100%
Total Performance Score = sum of individual performance scores/([30 - # of NP scores] x 3) X 100%

Copies can be downloaded from www.wheelchairskillsprogram.ca