

**Wheelchair Skills Test-Questionnaire (WST-Q) Version 4.2 Form
Powered 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	Moves controller away and back				
2	Turns controller on and off				
3	Selects drive modes and speeds				
4	Operates body positioning options				
5	Disengages and engages motors				
6	Operates battery charger				
7	Rolls forwards short distance				
8	Rolls backwards short distance				
9	Turns while moving forwards				
10	Turns while moving backwards				
11	Turns in place				
12	Maneuvers sideways				
13	Gets through hinged door				
14	Relieves weight from buttocks				
15	Transfers to and from bench				
16	Rolls longer distance				
17	Avoids moving obstacles				
18	Ascends slight incline				
19	Descends slight incline				
20	Ascends steep incline				
21	Descends steep incline				
22	Rolls across side-slope				
23	Rolls on soft surface				
24	Gets over gap				
25	Gets over threshold				
26	Ascends low curb				
27	Descends low curb				
28	Gets from ground into wheelchair				
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 / ([28 - # of NP scores] x 2) X 100%
Total Performance Score = sum of individual performance scores / ([28 - # of NP scores] x 3) X 100%

Copies can be downloaded from www.wheelchairskillsprogram.ca