

Wheelchair Skills Test Questionnaire (WST-Q), Version 4.3
Manual Wheelchairs Operated by Caregivers

Name of the wheelchair user: _____ Date: _____

Person completing questionnaire (if not user): _____

Relationship between the wheelchair user and the person who helped him/her: _____

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

General comments:

Training goals described by the wheelchair user, other than those noted for specific skills:

Name and address of any person(s) to whom the test subject would like a copy of the report to be sent.

Details about the WST can be found in the WSP Manual at www.wheelchairskillsprogram.ca.