

Wheelchair Skills Test Questionnaire (WST-Q), Version 4.3
Powered 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	Moves controller away and back				
2	Turns power 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 in place				
10	Turns while moving forwards				
11	Turns while moving backwards				
12	Maneuvers sideways				
13	Picks object from floor				
14	Relieves weight from buttocks				
15	Level transfer				
16	Gets through hinged door				
17	Rolls longer distance				
18	Avoids moving obstacles				
19	Ascends slight incline				
20	Descends slight incline				
21	Ascends steep incline				
22	Descends steep incline				
23	Rolls across side-slope				
24	Rolls on soft surface				
25	Gets over threshold				
26	Gets over gap				
27	Ascends low curb				
28	Descends low curb				
29	Gets from ground into wheelchair				
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.