**Wheelchair Skills Test Questionnaire (WST-Q), Version 4.2:**
**Paper Version for Scooters Operated by Their Users**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the scooter user?</td>
<td></td>
</tr>
<tr>
<td>Date (month day, year)?</td>
<td></td>
</tr>
<tr>
<td>Did you complete the questionnaire yourself?</td>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
<td></td>
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<tr>
<td>If you had help, what is the name of the person who helped you?</td>
<td></td>
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<tr>
<td>If you had help, what is the relationship between you and the person who helped you?</td>
<td>□ Family member</td>
</tr>
<tr>
<td>□ Friend</td>
<td></td>
</tr>
<tr>
<td>□ Caregiver</td>
<td></td>
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<tr>
<td>□ Other person</td>
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</table>

**Introduction to the questionnaire**

- In this questionnaire, you will be asked questions about different skills that you might do in your scooter. These skills range from ones that are more basic at the beginning to those that are more advanced at the end.

- There are no “right” or “wrong” answers. The purpose of the questionnaire is simply to help us understand how you use your scooter.

- It will probably take about 10 minutes to complete the questionnaire, but please take as much time as you need.

- For each specific skill, beginning on page 3, you will be asked three questions. The questions and the possible answers are shown below.

<table>
<thead>
<tr>
<th><strong>Question:</strong> “Can you do this skill?”</th>
<th><strong>Possible Answers</strong></th>
<th><strong>What This Means</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>You can safely do the skill, by yourself, without any difficulty.</td>
<td></td>
</tr>
<tr>
<td>Yes with difficulty</td>
<td>You can do the skill, but not as well as you would like.</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>You have never done the skill or you do not feel that you could do it right now.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Question:</strong> “How often do you usually do this skill in your daily life?”</th>
<th><strong>Possible Answers</strong></th>
<th><strong>What This Means</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>You generally do the skill at least once a day.</td>
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</tr>
<tr>
<td>Weekly</td>
<td>You generally do the skill at least once a week.</td>
<td></td>
</tr>
<tr>
<td>Monthly</td>
<td>You generally do the skill at least once a month.</td>
<td></td>
</tr>
<tr>
<td>Yearly</td>
<td>You generally do the skill at least once a year.</td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>You generally do the skill less often than once a year or never.</td>
<td></td>
</tr>
</tbody>
</table>
**Question:** “Is this a skill for which you would like to receive training?”

<table>
<thead>
<tr>
<th>Possible Answers</th>
<th>What This Means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>I am interested in receiving training for this skill.</td>
</tr>
<tr>
<td>No</td>
<td>I am not interested in receiving training for this skill.</td>
</tr>
</tbody>
</table>

- If you have training goals, please record them in the space available below. Note that you will have a chance to identify other goals later.

- Please read the questions beginning on the next page and record the answers in the spaces provided.

- If you have more than one scooter, the questions are about the scooter that you use most often.

- If it is possible to do a skill to the left or the right, such as turning around a corner, it is expected that you can do the skill in both directions.

- If you have any comments, you will be able to record them at the end of the questionnaire.

(continued on the next page)
### Questions on Specific Skills

<table>
<thead>
<tr>
<th>#</th>
<th>Skill Description</th>
<th>Questions (Pick only one answer for each question)</th>
<th>Can you do it?</th>
<th>How often do you do it?</th>
<th>Is this a training goal?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Moving the tiller away and back again.</td>
<td>□ Yes □ Yes with difficulty □ No □ Not possible with this scooter</td>
<td>□ Daily</td>
<td>□ Weekly</td>
<td>□ Yes</td>
</tr>
<tr>
<td>2</td>
<td>Turning the power for the scooter on and off.</td>
<td>□ Yes □ Yes with difficulty □ No</td>
<td>□ Daily</td>
<td>□ Weekly</td>
<td>□ Yes</td>
</tr>
<tr>
<td>3</td>
<td>Changing the settings and speeds for the scooter.</td>
<td>□ Yes □ Yes with difficulty □ No □ Not possible with this scooter</td>
<td>□ Daily</td>
<td>□ Weekly</td>
<td>□ Yes</td>
</tr>
<tr>
<td>4</td>
<td>Operating all of the positioning options of the scooter (for example moving the seat forward, turning the seat around).</td>
<td>□ Yes □ Yes with difficulty □ No □ Not possible with this scooter</td>
<td>□ Daily</td>
<td>□ Weekly</td>
<td>□ Yes</td>
</tr>
<tr>
<td>5</td>
<td>Disengaging the motors of the scooter, so that it can be pushed without power, and then engage the motors again.</td>
<td>□ Yes □ Yes with difficulty □ No</td>
<td>□ Daily</td>
<td>□ Weekly</td>
<td>□ Yes</td>
</tr>
<tr>
<td>6</td>
<td>Charging the battery for the scooter.</td>
<td>□ Yes □ Yes with difficulty □ No</td>
<td>□ Daily</td>
<td>□ Weekly</td>
<td>□ Yes</td>
</tr>
<tr>
<td>7</td>
<td>Moving the scooter straight forwards for a short distance, for example along a short hallway.</td>
<td>□ Yes □ Yes with difficulty □ No</td>
<td>□ Daily</td>
<td>□ Weekly</td>
<td>□ Yes</td>
</tr>
<tr>
<td>8</td>
<td>Moving the scooter straight backwards for a short distance, for example to back away from a table.</td>
<td>□ Yes □ Yes with difficulty □ No</td>
<td>□ Daily</td>
<td>□ Weekly</td>
<td>□ Yes</td>
</tr>
<tr>
<td>#</td>
<td>Skill Description</td>
<td>Questions (Pick only one answer for each question)</td>
<td></td>
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<td></td>
<td>Can you do it?</td>
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<tr>
<td></td>
<td></td>
<td>How often do you do it?</td>
<td>Is this a training goal?</td>
<td></td>
<td></td>
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<tr>
<td>9</td>
<td>Turning the scooter around a corner while moving forwards.</td>
<td>□ Yes □ Yes with difficulty □ No</td>
<td>□ Daily □ Weekly □ Monthly □ Yearly □ Never</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Turning the scooter around a corner while moving backwards.</td>
<td>□ Yes □ Yes with difficulty □ No</td>
<td>□ Daily □ Weekly □ Monthly □ Yearly □ Never</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Turning the scooter around in a small space so that it is facing in the opposite direction.</td>
<td>□ Yes □ Yes with difficulty □ No</td>
<td>□ Daily □ Weekly □ Monthly □ Yearly □ Never</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Moving the scooter sideways in a small space, for example to get the side of your scooter next to a kitchen counter, and then back to where you started.</td>
<td>□ Yes □ Yes with difficulty □ No</td>
<td>□ Daily □ Weekly □ Monthly □ Yearly □ Never</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Opening a hinged door, moving the scooter through it and closing it behind you, then coming back the other way.</td>
<td>□ Yes □ Yes with difficulty □ No</td>
<td>□ Daily □ Weekly □ Monthly □ Yearly □ Never</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Moving the scooter to reach up for something overhead, for example a high elevator button.</td>
<td>□ Yes □ Yes with difficulty □ No</td>
<td>□ Daily □ Weekly □ Monthly □ Yearly □ Never</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Moving the scooter to pick up a small object, for example a paperback book, from the floor in front of you.</td>
<td>□ Yes □ Yes with difficulty □ No</td>
<td>□ Daily □ Weekly □ Monthly □ Yearly □ Never</td>
<td>□ Yes □ No</td>
<td></td>
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<tr>
<td>16</td>
<td>Transferring from the scooter to another sitting surface and then getting back into the scooter.</td>
<td>□ Yes □ Yes with difficulty □ No</td>
<td>□ Daily □ Weekly □ Monthly □ Yearly □ Never</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Skill Description</td>
<td>Questions</td>
<td></td>
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<tr>
<td>17</td>
<td>Folding your scooter or taking it apart without tools, for example to store it out of the way, and then opening or reassembling it again.</td>
<td>Can you do it?  □ Yes  □ Yes with difficulty  □ No  □ Not possible with this scooter</td>
<td>How often do you do it?  □ Daily  □ Weekly  □ Monthly  □ Yearly  □ Never</td>
<td>Is this a training goal?  □ Yes  □ No</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Moving the scooter over a longer distance, for example on a smooth surface about the length of a sport field.</td>
<td>Can you do it?  □ Yes  □ Yes with difficulty  □ No</td>
<td>How often do you do it?  □ Daily  □ Weekly  □ Monthly  □ Yearly  □ Never</td>
<td>Is this a training goal?  □ Yes  □ No</td>
<td></td>
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<tr>
<td>19</td>
<td>While moving the scooter, avoiding moving people who do not notice you.</td>
<td>Can you do it?  □ Yes  □ Yes with difficulty  □ No</td>
<td>How often do you do it?  □ Daily  □ Weekly  □ Monthly  □ Yearly  □ Never</td>
<td>Is this a training goal?  □ Yes  □ No</td>
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<tr>
<td>20</td>
<td>Moving the scooter up a slight incline, for example a standard ramp (12 times longer than it is high).</td>
<td>Can you do it?  □ Yes  □ Yes with difficulty  □ No</td>
<td>How often do you do it?  □ Daily  □ Weekly  □ Monthly  □ Yearly  □ Never</td>
<td>Is this a training goal?  □ Yes  □ No</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Moving the scooter down a slight incline.</td>
<td>Can you do it?  □ Yes  □ Yes with difficulty  □ No</td>
<td>How often do you do it?  □ Daily  □ Weekly  □ Monthly  □ Yearly  □ Never</td>
<td>Is this a training goal?  □ Yes  □ No</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Moving the scooter up a steep incline (about twice as steep as a standard ramp).</td>
<td>Can you do it?  □ Yes  □ Yes with difficulty  □ No</td>
<td>How often do you do it?  □ Daily  □ Weekly  □ Monthly  □ Yearly  □ Never</td>
<td>Is this a training goal?  □ Yes  □ No</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Moving the scooter down a steep incline.</td>
<td>Can you do it?  □ Yes  □ Yes with difficulty  □ No</td>
<td>How often do you do it?  □ Daily  □ Weekly  □ Monthly  □ Yearly  □ Never</td>
<td>Is this a training goal?  □ Yes  □ No</td>
<td></td>
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<tr>
<td>24</td>
<td>Moving the scooter across a slight side-slope, for example when crossing a driveway.</td>
<td>Can you do it?  □ Yes  □ Yes with difficulty  □ No</td>
<td>How often do you do it?  □ Daily  □ Weekly  □ Monthly  □ Yearly  □ Never</td>
<td>Is this a training goal?  □ Yes  □ No</td>
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<td>#</td>
<td>Skill Description</td>
<td>Questions</td>
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<td>Can you do it?</td>
<td>How often do you do it?</td>
<td>Is this a training goal?</td>
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<tr>
<td>25</td>
<td>Moving the scooter a short distance across a soft surface, for example gravel.</td>
<td>□ Yes</td>
<td>□ Daily</td>
<td>□ Yes</td>
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<td>□ Yes with difficulty</td>
<td>□ Weekly</td>
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<td>□ Never</td>
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<tr>
<td>26</td>
<td>Getting the scooter over a gap, for example a rut in the road.</td>
<td>□ Yes</td>
<td>□ Daily</td>
<td>□ Yes</td>
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<td>□ Yes with difficulty</td>
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<td>□ Never</td>
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<tr>
<td>27</td>
<td>Getting the scooter over an obstacle that sticks up above the surface, for example a door threshold.</td>
<td>□ Yes</td>
<td>□ Daily</td>
<td>□ Yes</td>
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<td></td>
<td></td>
<td>□ Yes with difficulty</td>
<td>□ Weekly</td>
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<td>□ Never</td>
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<tr>
<td>28</td>
<td>Getting the scooter up a low curb, for example when entering a building.</td>
<td>□ Yes</td>
<td>□ Daily</td>
<td>□ Yes</td>
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<td></td>
<td></td>
<td>□ Yes with difficulty</td>
<td>□ Weekly</td>
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<td>□ Never</td>
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<tr>
<td>29</td>
<td>Getting the scooter down from a low curb.</td>
<td>□ Yes</td>
<td>□ Daily</td>
<td>□ Yes</td>
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<td></td>
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<td>□ Yes with difficulty</td>
<td>□ Weekly</td>
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<td>□ Never</td>
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</tbody>
</table>

(continued on the next page)
If you have any general comments about the questions that you have answered above, please record them in the space available below.

If you have any training goals that you have not already mentioned, please record them in the space available below.

A short report form will be created from the answers that you have given. If you would like a copy of the report for yourself or someone else, please record in the space available below the name and address of the person to whom the report should be sent.

This is the end of the questionnaire. Thank you for completing it.

Copies of this questionnaire can be downloaded from www.wheelchairskillsprogram.ca