

## Wheelchair Skills Test Questionnaire – Overview Scores

Of all the activities that you need to do or would like to do in your wheelchair, pick a number that best represents your current:

\_\_\_\_ **Capacity** (*can* do the skills):

4 – “Completely able”

3 – “Mostly able”

2 – “Neither able nor unable”

1 – “Mostly unable”

0 – “Completely unable”

\_\_\_\_ **Confidence** (in my ability to do the skills):

4 – “Completely confident”

3 – “Mostly confident”

2 – “Neither confident nor unconfident”

1 – “Mostly unconfident”

0 – “Completely unconfident”

\_\_\_\_ **Performance** (actually *use* the skills):

4 – “Always when need or want to”

3 – “Almost always”

2 – “Neither always nor never”

1 – “Almost never”

0 – “Never”