

Wheelchair Skills Test Questionnaire (WST-Q) Version 5.0 Form

Powered Wheelchairs

Name of wheelchair user: _____

Person completing questionnaire (if not user): _____

Tester: _____ Date: _____

#	Individual Skill	Capacity (0-3)*	Confidence (0-3)*	Performance (0-3)*	Goal? (Yes/No)*
1	Positions and operates controller				
2	Operates body positioning options				
3	Rolls forward short distance				
4	Rolls backward short distance				
5	Stops on command				
6	Turns in place				
7	Turns while moving forward				
8	Turns while moving backward				
9	Maneuvers sideways				
10	Picks objects from floor				
11	Relieves weight from buttocks				
12	Level transfers				
13	Gets through hinged door				
14	Rolls longer distance				
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 obstacle				
22	Gets over gap				
23	Ascends low curb				
24	Descends low curb				
25	Performs wheelchair-ground transfers				
Total scores:**		%	%	%	NA

Total testing time (minutes): _____

* See scoring criteria on next page.

** See formulae on next page.

Capacity question: “Can you do it?”		
Answer	Score	What this means
Very well	3	Can do the skill safely and very well.
Yes	2	Can do the skill safely at a basic level.
Partially	1	Can do the skill in part.
No	0	Have never done the skill or could not do it right now.
Not possible with this wheelchair	NP	The wheelchair does not have the parts to allow this skill. (This option is only presented for skills where such a score is a possibility.)
Testing error	TE	When answers have not been recorded (e.g. inadvertently or because the test subject did not understand the question).
Confidence question: “How confident are you?”		
Answer	Score	What this means
Very	3	As of now, I am very confident that I can do this skill safely and consistently.
Moderately	2	As of now, I am moderately confident that I can do this skill safely and consistently.
Partly	1	As of now, I am only partly confident that I can do this skill safely and consistently.
Not at all	0	As of now, I am not at all confident that I can do this skill safely and consistently.
Not possible with this wheelchair	NP	As for capacity.
Testing error	TE	As for capacity.
Performance question: “How often do you do it?”		
Answer	Score	What this means
Always	3	Always when I need or want to do so.
Usually	2	Usually when I need or want to, but sometimes not.
Occasionally	1	Occasionally when I need or want to, but often not.
Never	0	Never or less often than once a year.
Not possible with this wheelchair	NP	As for capacity.
Testing error	TE	As for capacity.
Goal question: “Is this a training goal?”		
Possible Answers	What This Means	
Yes	I am interested in receiving training for this skill.	
No	I am not interested in receiving training for this skill.	

Formulae for calculating WST-Q total percentage scores:

- Total Capacity Score = sum of individual skill scores/([number of possible skills – number of NP scores – number of TE scores] x 3) X 100%
- Total Confidence Score = sum of individual skill scores/([number of possible skills – number of NP scores – number of TE scores] x 3) X 100%
- Total Performance Score = sum of individual skill scores/([number of possible skills – number of NP scores – number of TE scores] x 3) X 100%

General comments:

Details about the WST can be found in the WSP Manual at <http://www.wheelchairskillsprogram.ca/eng/manual.php/>.