

Wheelchair Questionnaire

Interview Details

Patient Name: _____ DOB: _____ Gender: _____

Caregiver(s) Name: _____

Primary Physician: _____ Primary Therapist: _____

Current Wheelchair: _____

Age of Wheelchair: _____

Medical History

Surgical History:
(Please include
date of surgery)

Primary Diagnosis: _____

Onset of Primary: _____

Medical History: _____

Patient's Current Height: _____

Patient's Current Weight: _____

Visual Deficits: _____

Cardio Status: _____

Respiratory Status: _____

Home Environment

Home Environment: House Condo/Town Home Apartment Rented Owned

Lives with: _____

Steps into Home: No Yes, if yes how many _____

Storage of Wheelchair: Home Other _____

Communication

Does your child use any assistive technology for communication, if so what device?

Community ADL

Transportation: Car Full Size Van Mini Van Adapted W/C Van Public Transport Truck

Make and Model: _____

ADL Status

For the following activities of daily living please circle the option that best describes how much help your child needs.

Getting Dressed: Independent Minimal Assistance Moderate Assistance Maximum Assistance Dependent

Eating with Utensils: Independent Minimal Assistance Moderate Assistance Maximum Assistance Dependent

Eating Finger Foods: Independent Minimal Assistance Moderate Assistance Maximum Assistance Dependent

Bathing/Hygiene: Independent Minimal Assistance Moderate Assistance Maximum Assistance Dependent

Meal Preparation: Independent Minimal Assistance Moderate Assistance Maximum Assistance Dependent

Bowel Management: Continent Incontinent Accidents

Bladder Management: Continent Incontinent Accidents

Transfer Skills

From Floor to Chair:	Independent	Minimal Assistance	Moderate Assistance	Maximum Assistance	Dependent
From Bed to Chair:	Independent	Minimal Assistance	Moderate Assistance	Maximum Assistance	Dependent
Standing Pivot:	Independent	Minimal Assistance	Moderate Assistance	Maximum Assistance	Dependent

Mobility/Balance

Sitting Balance:	Independent	Minimal Assistance	Moderate Assistance	Maximum Assistance	Dependent
Standing Balance:	Independent	Minimal Assistance	Moderate Assistance	Maximum Assistance	Dependent
Walking:	Independent	Minimal Assistance	Moderate Assistance	Maximum Assistance	Dependent

Please note any other concerns you feel are relevant to this evaluation: