



ISWP Mobility and Wheelchair Survey

The International Society of Wheelchair Professionals (ISWP) is an international organization dedicated to professionalizing the field of wheelchair service provision. It is currently based at the University of Pittsburgh and funded by the United States Agency for International Development (USAID).

One of ISWP’s goals is to help service providers collect minimum data as it is essential to capture how they are contributing to improving wheelchair services and how collecting standard data can benefit service providers in terms of advocacy, training, products and evaluation.

Wheelchair service provision is the process through which and individual receives an appropriate wheelchair. The World Health Organization (WHO) has identified 8 steps that are fundamental in this process: 1) Referral; 2) Assessment; 3) Prescription; 4) Product Preparation; 5) Funding; 6) Fitting; 7) User Training; and 8) Follow up and Maintenance.

ISWP recommends service providers collect the following data points during wheelchair service and provision with clients. The survey should take about 10 minutes. Please know that all the responses are completely voluntary.

SURVEY

[Client and Wheelchair Clinic Information](#) (This section to be completed by service provider, with client input)

1. Client’s Name: _____ 2. Client’s ID Number: _____

For internal use only; write in name of client for whom survey is completed Service provider would provide a client ID number; write in here

3. Client’s Home Address -- House number and street _____

Write in address of where client resides most of the time

Town/District/Postal Code: _____ Country: _____

Write in town/district or community name where client resides Write in country where client resides

4. Wheelchair Clinic Name: _____

Write in name of wheelchair clinic or service provider

5. Wheelchair Clinic Address -- Number and street _____

Write in clinic or service provider address

6. Name of person at Wheelchair Clinic: _____

Write in first and last name of person at clinic who is working with client

7. Date completed: _____

Write in date survey was completed: day/month/year

8. Completed by client Completed by caregiver/parent (*Check one*)

Put check in box indicating who completed most of the survey

Purpose of Visit

9. Why are you here today? (*Check one.*)

- I am here to get a wheelchair.
- My wheelchair is broken.
- I have a wheelchair that does not meet my needs.
- I am here for routine follow-up for my wheelchair.
- I am here for a health check.
- I am here to participate in a research study about wheelchairs.
- I am here to participate in a research study about another topic.
- I am here to participate in a training.
- Not sure

Put a check in the box next to the phrase that best describes the purpose of the visit on the date the survey was completed. While more than one reason could apply, please select the primary or most important reason.

Demographics

10. Age (approximate age): _____ Not sure

Write in client age. Approximate age is fine. Put a check in the box next to Not sure if not sure.

11. What is your gender? Male Female No answer

Put a check in the box next to Male or Female. Put a check in the box next to No answer if prefer not to check either male or female.

12. What is the highest level of education you completed? (Check one)

- Finished some Primary School
- Primary School Graduate
- Finished some Secondary School
- Secondary School Graduate
- Finished some College or University
- College or University Degree
- Advanced Degree (Masters, PhD)
- Vocational training
- None

Put a check in the box next to the highest level of education completed; please check only one answer or select none.

13. What is your current employment status? (Check one)

- Employed Full Time (at least 40 hours a week)
- Employed Part Time (less than 30 hours a week)
- Unemployed (but not a homemaker)
- Homemaker/full-time parent
- Student
- Child not attending school

Put a check in the box next to the phrase that best describes employment status; check only one answer.

14. Check all the people who currently live with you:

- Parent or parents
- Sister or sisters
- Brother or brothers
- Husband, wife, spouse or partner
- Child or children
- Other family members, such as grandparent, aunt, uncle, cousin
- Friends or other people who are not related
- Live alone

Put a check in the box next to all people with whom you live; multiple answers are accepted.

[Reasons for Assistance](#)

15. About how long have you needed something to help you walk or move, such as a wheelchair or walker? (Write in number. Check box to indicate whether number is months or years.)

_____ Months Years Not sure

Write in the number of months or years you have needed help to walk or move and check whether the number represents months or years.

16. Why do you need help to walk or move? (Check one that most applies to you.)

- Amputation
- Brain Injury
- Cerebral Palsy
- Muscular Dystrophy
- Osteogenesis Imperfecta
- Polio
- Spina Bifida
- Spinal Cord Injury
- Spinal Tuberculosis
- Stroke
- Injury
- Have a hard time walking
- Not sure

Put a check in the box next to the primary reason you need help to walk or move.

17. What year did you receive this diagnosis? (Write in number) _____ Not sure

Write in year of diagnosis or check not sure.

18. Put a check in the box below the statement that best describes how much difficulty you have walking a long distance (100 meters):

<i>No Difficulty</i>	<i>Some Difficulty</i>	<i>A Lot of Difficulty</i>	<i>Severe Difficulty/ Cannot walk 100 meters</i>

Put a check in the box under the phrase that describes how difficult it is to walk a long distance, such as 100 meters, without the help of an item such as a walker or crutch.

Items Used to Help Walk or Move

19. The table below includes a list of common things to help you walk or move, like wheelchairs, braces and walkers. Please think about all of the things you own to help you walk or move and how you use them. Please provide answers for each item you use regularly in the table below. If you do not own a specific item listed, or you own it but do not use it on a regular basis, please leave the row blank.

<i>Items to help you walk or move</i>	<i>Put a check in this column if you currently own this item</i>	<i>Put a check in this column if you use this item indoors</i>	<i>Put a check in this column if you use this item outside</i>	<i>Put a check in this column if you have used this item for more than one year</i>	<i>In a typical week, how many days do you use this item? (Put a number between 1 and 7.)</i>	<i>In a typical week, how many hours each day do you use this item? (Put a number between 1 and 24.)</i>
Manual wheelchair						
Electrically powered wheelchair						
Board with wheels						
Hand-powered cycle						
Walking Stick or Cane						
Crutch or Crutches						
Walker or Walking frame						
Brace or Braces						
Artificial Limb or Limbs						
Other _____						

None used currently

Put a check in the column next to each item currently owned. Then, for each item, put a check in the next column if it is used indoors and/or the following column if it is used outside. Then, put a check in the box for each item that has been used for more than one year. Multiple responses are accepted. Then, for each item, write in the number of days per week it is used (between 1 and 7) and number hours each day it is used (between 1 and 24).

<p>If you currently have a wheelchair, please continue with the survey.</p>	<p>If you do <u>not</u> currently have a wheelchair, you are finished with the survey. Thank you for your input.</p>
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Questions for Current Wheelchair Users

For the next few questions, think about your current wheelchair. If you are getting a new wheelchair at your visit today, think about the wheelchair you have used up until this visit.

20. Put a check in the box below the statement that best describes how much difficulty you have pushing your current wheelchair. (Check one)

<i>No Difficulty</i>	<i>Some Difficulty</i>	<i>A Lot of Difficulty</i>	<i>Severe Difficulty</i>
<i>I can push my own wheelchair without any problems</i>	_____		<i>I cannot push my own wheelchair.</i>

Put a check in the box that best describes the level of difficulty pushing the current wheelchair. Consider the scale provided, where no difficulty means “I can push my wheelchair without any problems”, and severe difficulty means “I cannot push my own wheelchair.”

21. How do you typically push your wheelchair? (Check the one method you use most often.)

- Both arms
- One arm
- Both legs
- One leg
- Have someone else push
- Not sure

Check the box next to the one way used to push the wheelchair most often.

22. If you do not push your wheelchair with your arms or legs, please check the top reason you do not push your chair:

- The wheelchair does not fit well enough for me to push myself.
- I do not know how to push the wheelchair myself.
- My upper body is not strong enough to push using my arms.
- I would rather have someone else push me.
- My lower body is not strong enough to push the wheelchair myself.
- Not sure

Put a check in the box next to the most important reason for not pushing the wheelchair on your own. We understand there could be multiple reasons, but please think about and check the most important.

23. Please read each statement and check Yes or No.

	<i>Yes</i>	<i>No</i>
I use my wheelchair at home.		
I use my wheelchair at school.		
I use my wheelchair at work.		
I use my wheelchair at other places outside home.		
I use my wheelchair to get from place to place.		
I use my wheelchair as a seat in a vehicle.		

Please read each statement and put a check in the box under Yes or No.

24. How did you get your wheelchair? (Check one.)

- I paid for the wheelchair myself, or my family paid for it
- From a church
- From a charitable organization
- At a hospital or clinic
- At school
- From the government
- Through a research study
- From a pharmacy or medical supply store
- Not sure

Put a check in the box next to the one answer that best describes who provided the wheelchair.

25. Please check in box the next to how much you agree with each statement about your wheelchair.

<i>My Current Wheelchair...</i>	<i>Yes, Mostly</i>	<i>Yes, Somewhat</i>	<i>No, Not at All</i>
Meets my needs.			
Is in good working order.			
Is safe to use.			
Fits my body well.			
Supports me to sit up.			
Is easy to push on my own.			
Works well in places I need to go.			
Has a cushion that is in good working order.			
Has a cushion that is safe to use.			
Has a cushion that helps to keep me from getting sores.			
Has a cushion that helps to keep me from developing other problems.			

For each statement, put a check in the box under one of the phrases – whether you mostly agree with the statement, agree somewhat or do not agree at all.

26. Put a check in the box below the statement that best describes, in general, how satisfied you are with your current wheelchair.

<i>Not satisfied at all</i>	<i>Not very satisfied</i>	<i>Somewhat satisfied</i>	<i>Quite satisfied</i>	<i>Very satisfied</i>

Put a check in the box that best describes how satisfied you are with your current wheelchair. The range is from not satisfied at all to very satisfied.

You are finished with the survey.

Thank you for your input.