

Disability Prevention and Rehabilitation Program Wheelchair Assessment Form

Name of the person conducting the assessment:	Date of Assessment:
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Wheelchair User's Details:

Name:		Registration No:
Age:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Contact No:		Address:
Guardian Name:		

Physical Condition:

- Cerebral palsy Polio Spinal-cord related issues Paralysis Spina Bifida
 Multiple disabilities Absence of limbs (1/2) Others (please specify)
 Bladder and bowel-related issues: Yes No

If yes, describe the severity of the issue:

Postural Control:

Head Control Ability	<input type="checkbox"/> Can control <input type="checkbox"/> Partial control <input type="checkbox"/> Cannot control
Back Control Ability	<input type="checkbox"/> Can control <input type="checkbox"/> Partial control <input type="checkbox"/> Cannot control
Can Control Both Hands	<input type="checkbox"/> Can control <input type="checkbox"/> Partial control <input type="checkbox"/> Cannot control
Can Control Both Legs	<input type="checkbox"/> Can control <input type="checkbox"/> Partial control <input type="checkbox"/> Cannot control

Functional Assessment:

Mobility Condition:

Cannot move

Can walk with assistance

Can walk short distances

Can walk without assistance

Is the person completely dependent on wheelchair?

Yes

No

Environmental and Lifestyle Assessment:

Is the house wheelchair-friendly?

Yes

No

For students: Is the school wheelchair-friendly?

Yes

No

For working individuals: Is the workplace wheelchair-friendly?

Yes

No

Are the roads/paths used by the wheelchair user wheelchair-friendly?

Yes

No

Daily travel distance using the wheelchair: 1 km 1–5 km More than 5km

Daily wheelchair usage duration: Less than 1 hour 1–3 hours 3-5 hours More than 5 hours

Method of getting into wheelchair: Independently/without support With some support/assistance

Standing up Lifted by others Other: _____

How does the wheelchair user operate the wheelchair? With both hands With left hand

With right hand With both feet With left foot With right foot With assistance from others

Questions for Wheelchair Users Only:

• Does the wheelchair meet your needs?

Yes

No

• Is your environment wheelchair-friendly?

Yes

No

• Is the wheelchair suitable for your physical condition?

Yes

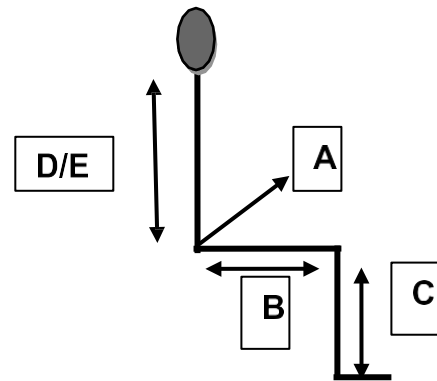
No

- Is your wheelchair safe and durable? Yes No
- Is your wheelchair cushion in good condition and comfortable? Yes No

If all answers are "Yes," the person doesn't need a new wheelchair. If even one answer is "No", the person needs either a new wheelchair, new cushion, repair/modification.

Measurements:

	Body Measurement	mm	Wheelchair measurement	mm
A	Hip width		= Seat width	
B	Seat depth	L	B - (30-50mm) = seat depth	
		R		
C	Leg length	L	= top of seat cushion to footrest height or to floor for foot propelling	
		R		
D	Bottom of rib cage		= top of seat cushion to top of backrest	
E	Bottom of shoulder blade			



The person should be seated at 90°

Additional Information (if any):.....