**Appendix**

**Wheelchair-Skills Training Survey**

**Introduction**

* Thank you for taking this survey. The results will be valuable in designing research projects and in refining educational opportunities for Occupational Therapists in Nova Scotia.
* In your answers to the survey questions, please feel free to include whenever you have assigned an assistant to act on your behalf in addition to what you do personally.

**Definitions**

Before we begin, we will define a few terms for the purposes of this survey:

* By “**client**”, we mean a person for whom a wheelchair is provided for the first time, with the expectation that it will be used for at least a week.
* By “**caregiver**”, we mean an informal unpaid caregiver (e.g. a family member or friend) who regularly provides assistance to the client.
* By “**wheelchair skills training**”, we mean training the client or caregiver in how to use the wheelchair safely and effectively.
* By “**training session**”, we mean a period of time during which wheelchair skills training occurs that may include either or both the client and/or caregiver.

**First, we have a few questions about you**

1. Are you an Occupational Therapist living in Nova Scotia? (tick one)
	1. Yes (if yes, proceed to #2)
	2. No (if no, proceed to #25)
2. Is “direct patient care” at least part of your role as an Occupational Therapist? (tick one)
	1. Yes (if yes, proceed to #3)
	2. No (if no, proceed to #25)
3. In which zone of the Nova Scotia Health Authority does most of your direct patient care take place? (tick one)
	1. Central Zone (Halifax area, Eastern Shore and West Hants)
	2. Eastern Zone (Cape Breton, Guysborough and Antigonish areas)
	3. Northern Zone (Colchester-East Hants, Cumberland and Pictou areas)
	4. Western Zone (Annapolis Valley, South Shore and South West)
	5. Unsure
4. Where did you receive your Occupational Therapy education? (tick one)
	1. Dalhousie University, Halifax
	2. Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. What year did you graduate with your initial Occupational Therapy degree? \_\_\_\_\_
6. In which of the following settings do you carry out your direct patient care? (tick all that apply)
7. Inpatient
8. Outpatient
9. Long-term-care
10. Community
11. Private practice
12. Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Now we have some questions related to your clients**

1. Which of the following age ranges describe your **clients**? (tick all that apply)
2. Pediatric (0-17 years)
3. Adults (18-65 years)
4. Geriatric (> 65 years)
5. In your direct patient care, do you help **clients** obtain manual wheelchairs? (tick one)
6. Yes (if yes, proceed to #9)
7. No (if no, proceed to #25)
8. In a typical year, please estimate about how many **clients** you would assist in obtaining manual wheelchair? \_\_\_\_\_ clients
9. When you assist a **client** in obtaining a manual wheelchair, do you typically provide wheelchair-skills training to him or her? (tick one)
10. Yes, usually (if so, proceed to #11)
11. Sometimes (if so, proceed to #11)
12. No, usually not (if no, proceed to #14)
13. About how many minutes would a typical training session last for a **client**? \_\_\_\_\_ minutes
14. About how many training sessions would you typically provide to a **client**? \_\_\_\_\_ sessions
15. For each of the settings below, please indicate how often you typically provide wheelchair-skills training for **clients**?
16. In the hospital or rehabilitation facility
* Always
* Sometimes
* Never
1. In the community (anywhere outside of the facility)
* Always
* Sometimes
* Never
1. In the client’s home
* Always
* Sometimes
* Never
1. Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Always
* Sometimes
1. How important do you feel that wheelchair-skills training is for **clients**? (tick one)
	* Very important
	* Somewhat important
	* Neutral
	* Somewhat unimportant
	* Very unimportant
2. Do you feel adequately prepared for your role in the wheelchair-skills training of **clients**?
	1. Yes
	2. Somewhat
	3. No

**Now we have some questions related to your clients’ caregivers**

1. When you assist a client in obtaining a manual wheelchair, do you typically provide wheelchair-skills training to one or more of the client’s informal **caregivers**? (tick one)
	1. Yes, usually (if so, proceed to #17)
	2. Sometimes (if so, proceed to #17)
	3. No, usually not (if no, proceed to #20)
2. About how many minutes would a typical training session last for a **caregiver**? \_\_\_\_\_ minutes
3. About how many training sessions would you typically provide to a **caregiver**? \_\_\_\_\_ sessions
4. For each of the settings below, please indicate how often you typically provide wheelchair-skills training for **caregivers**?
5. In the hospital or rehabilitation facility
* Always
* Sometimes
* Never
1. In the community (anywhere outside of the facility)
* Always
* Sometimes
* Never
1. In the client’s home
* Always
* Sometimes
* Never
1. In the client’s intended environment outside the home (e.g. grocery store)
* Always
* Sometimes
* Never
1. Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Always
* Sometimes
1. How important do you feel that wheelchair-skills training is for **caregivers**? (tick one)
	* Very important
	* Somewhat important
	* Neutral
	* Somewhat unimportant
	* Very unimportant
2. Do you feel adequately prepared for your role in the wheelchair-skills training of **caregivers**? (tick one)
	1. Yes
	2. Somewhat
	3. No

**Now we have a few closing questions**

1. Which, if any, of the following **barriers** do you perceive as affecting your role in the wheelchair-skills training of your clients and/or their caregivers? (tick all that apply)
	* Lack of awareness of research evidence (if any) that this activity is worthwhile
	* Lack of awareness of available teaching resources (if any)
	* Demand on your time by competing priorities
	* Insufficient availability of help from assistants
	* Transportation, if client lives at a distance
	* Perceived lack of administrative support for this activity
	* Insufficient education or experience to perform training with confidence
	* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Which, if any, of the following **facilitators** do you believe would positively affect your role in the wheelchair-skills training of your clients and/or their caregivers? (tick all that apply)
	* Research evidence that this activity is worthwhile
	* Available teaching resources
	* Less demand on time by competing priorities
	* More available support from assistants
	* More administrative support for this activity
	* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you have any final comments about your role in the wheelchair-skills training of your clients and/or their caregivers? We would also welcome comments about how this survey could be improved. Please type your comments in the space below.

This ends the survey. Thank you for completing it.

Here is your link to free online resources for the wheelchair skills training of clients and their caregivers: [www.wheelchairskillsprogram.ca](http://www.wheelchairskillsprogram.ca)/.