

14.7 Wheelchair comfort tool

General Information about the Tool for Assessing Wheelchair disComfort (TAWC)

Thank you for your interest in using the Tool for Assessing Wheelchair disComfort (TAWC). Here is a copy of the assessment tool as developed and validated at the University of Pittsburgh to assess wheelchair seating discomfort. Here is some general information about use of this tool and scoring methods. The final two pages indicate the scoring methodology used in my study.

When used in my dissertation research, I generated two discomfort scores – the General Discomfort Assessment (Part II) and the Discomfort Intensity Score (Part III). I asked individuals in my study to rate their levels of discomfort and to answer all questions in the tool based on the previous 4-hour period. I had them complete an assessment every 4 hours throughout the day. In a clinical setting, it might be more useful to have the person answer the questions based on an average day, or based on the previous day, etc. Just be sure the requested time period is short enough so that the person's memory will be valid. I found that discomfort develops particularly after 4 – 6 hours of sitting, so an assessment within the first 4 hours probably will not be a true assessment of long-term seating discomfort.

The GDA score is derived by scoring the boxes with 1 – 7 scores, as indicated in the scoring key at the end of this document, then totaling all scores for the items.

The DIS score is derived by adding “1” to each of the scores in part III, with the exception of the final score if it is left blank, then totaling these scores.

I hope to have several publications out for this tool in the near future, the first of which is in Press in the International Journal of Rehabilitation Research. If you are using this for research purposes and would like to have the references, email me and I will send along whatever I have.

Feel free to email me if you have any other questions or concerns.

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Download from <http://www.enable.health.nsw.gov.au/publications> or <http://www.lifetimecare.nsw.gov.au/Resources.aspx>

Introduction and directions:

This questionnaire has been developed as a way of determining the level of discomfort you experience while you are sitting in your wheelchair.

There are three parts to this questionnaire:

- Part I asks you to provide general information that is important in evaluating seat discomfort.
- Part II asks you to rate your level of agreement with several statements about comfort and discomfort.
- Part III asks you to assign a number on a scale from 0 to 10 to describe a discomfort level for each region of your body.

Part I: General Information:

1. What time did you first transfer into your wheelchair today? _____ am/pm
2. How much assistance do you need to transfer?
 - _____ I transfer completely by myself
 - _____ I require assistance from another person to help me transfer
 - _____ Another person transfers me, I am unable to help
 - _____ Another person uses a mechanical lifting device to transfer me
3. If someone assisted you in transferring, were you positioned properly in you chair after being transferred?
 - _____ yes _____ no
 Describe problems if any occurred (anything out of the ordinary): _____

4. What time is it now? _____ am/pm
5. In the last 4 hours, have you asked anyone to help you change your position in your wheelchair?
 - _____ yes _____ no
 5a. If yes, how many times have you asked someone to reposition you? _____
6. In the last 4 hours, have you changed your own position?
 - _____ yes _____ no
 6a. If yes, how many times have you changed your own position? _____
7. What types of activities have you done in your wheelchair in the last 4 hours?
 (check all that apply)
 - _____ moved around in the house
 - _____ went outside of the house
 - _____ into the yard (grassy or rough surface)
 - _____ onto a deck or paved driveway
 - _____ traveled on a sidewalk surface
 - _____ traveled somewhere in a van or car
 - _____ went to work in my wheelchair
 - _____ went to school setting in my wheelchair
8. How many car lengths would you say you drove your wheelchair in the last 4 hours? _____
 (a typical car is 12 feet long)

Tool for Assessing Wheelchair discomfort (TAWC)

Think about how you have felt while seated in your wheelchair:

Part II: General Discomfort Assessment

Please rate your answer on the following scale: (place a mark in the appropriate box)	Strongly disagree	Disagree	Partly disagree	Neither agree nor disagree	Partly agree	Agree	Strongly agree
While seated in my wheelchair...							
...I feel poorly positioned							
...I feel like I have been in one position for too long							
...I feel like I need to move or shift my position							
...I feel aches, stiffness, or soreness							
...I feel pressure in some part or parts of my body							
...I feel too hot or cold or damp							
...I seek distraction to relieve discomfort							
...I feel uncomfortable							
...I feel no pain							
...I feel stable (not sliding or falling)							
...I feel comfortable							
...I feel good							
...I feel able to concentrate on my work or activities							

Part III: Discomfort Intensity Rating

On a scale of 0 to 10, **0 being no discomfort** and **10 being severe discomfort**, please **RATE and DESCRIBE** the amount of discomfort you feel for each body area listed below.

This rating should reflect the intensity of your discomfort for the time you were in your wheelchair:

Body Areas	Rating:	Please describe the discomfort (for example: aching, burning, pressure, instability, or others)
Back		
Neck		
Buttocks		
Legs		
Arms		
Feet		
Hands		
Overall Discomfort Level (General discomfort level)		
Other areas? Please list:		

**Tool for Assessing Wheelchair disComfort
(TAWC) – Scoring Key for GDA Score (total all item scores)**

Part II: General Discomfort Assessment

Please rate your answer on the following scale: (place a mark in the appropriate box)	Strongly disagree	Disagree	Partly disagree	Neither agree nor disagree	Partly agree	Agree	Strongly agree
While seated in my wheelchair...							
...I feel poorly positioned	1	2	3	4	5	6	7
...I feel like I have been in one position for too long	1	2	3	4	5	6	7
...I feel like I need to move or shift my position	1	2	3	4	5	6	7
...I feel aches, stiffness, or soreness	1	2	3	4	5	6	7
...I feel pressure in some part or parts of my body	1	2	3	4	5	6	7
...I feel too hot or cold or damp	1	2	3	4	5	6	7
...I seek distraction to relieve discomfort	1	2	3	4	5	6	7
...I feel uncomfortable	1	2	3	4	5	6	7
...I feel no pain	7	6	5	4	3	2	1
...I feel stable (not sliding or falling)	7	6	5	4	3	2	1
...I feel comfortable	7	6	5	4	3	2	1
...I feel good	7	6	5	4	3	2	1
...I feel able to concentrate on my work or activities	7	6	5	4	3	2	1

Part III: Discomfort Intensity Rating – Scoring Key for DIS score – add indicated figures to each item and then total the items.

Body Areas	Rating:	Please describe the discomfort (for example: aching, burning, pressure, instability, or others)
Back	Add "1" to score indicated	
Neck	Add "1" to score indicated	
Buttocks	Add "1" to score indicated	
Legs	Add "1" to score indicated	
Arms	Add "1" to score indicated	
Feet	Add "1" to score indicated	
Hands	Add "1" to score indicated	
Overall Discomfort Level (General discomfort level)	Add "1" to score indicated	
Other areas? Please list:	Add "1" to score indicated; unless blank, then count "0" for this score	