

Client ID Number:

Name:

Date of Birth: Month /Day /Year

WHODAS 2.0 36-item version, self-administered

This questionnaire asks about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs.

Think back over the past 30 days and answer these questions, thinking about how much difficulty you had doing the following activities. For each question, please circle only one response.

In the past 30 days, how much difficulty did you have in:

Understanding and communicating

- | | | | | | | |
|-------------|---|-------------------------------|-------------------------------|-----------------------------------|---------------------------------|---|
| D1.1 | Concentrating on doing something for ten minutes? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |
| D1.2 | Remembering to do important things? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |
| D1.3 | Analysing and finding solutions to problems in day-to-day life? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |
| D1.4 | Learning a new task, for example, learning how to get to a new place? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |
| D1.5 | Generally understanding what people say? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |
| D1.6 | Starting and maintaining a conversation? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |

Getting around

- | | | | | | | |
|-------------|--|-------------------------------|-------------------------------|-----------------------------------|---------------------------------|---|
| D2.1 | Standing for long periods such as 30 minutes? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |
| D2.2 | Standing up from sitting down? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |
| D2.3 | Moving around inside your home? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |
| D2.4 | Getting out of your home? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |
| D2.5 | Walking a long distance such as a kilometre [or equivalent]? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |

Self-care

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|-------------|-------------------------------------|-------------------------------|-------------------------------|-----------------------------------|---------------------------------|---|
| D3.1 | Washing your whole body? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |
| D3.2 | Getting dressed? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |
| D3.3 | Eating? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |
| D3.4 | Staying by yourself for a few days? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |

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Think back over the past 30 days and answer these questions, thinking about how much difficulty you had doing the following activities. For each question, please circle only one response.

In the past 30 days, how much difficulty did you have in:

Getting along with people

- | | | | | | | |
|-------------|---|-------------------------------|-------------------------------|-----------------------------------|---------------------------------|---|
| D4.1 | Dealing with people you do not know? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |
| D4.2 | Maintaining a friendship? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |
| D4.3 | Getting along with people who are close to you? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |
| D4.4 | Making new friends? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |
| D4.5 | Sexual activities? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |

Life activities

- | | | | | | | |
|-------------|--|-------------------------------|-------------------------------|-----------------------------------|---------------------------------|---|
| D5.1 | Taking care of your household responsibilities? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |
| D5.2 | Doing most important household tasks well? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |
| D5.3 | Getting all the household work done that you needed to do? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |
| D5.4 | Getting your household work done as quickly as needed? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |

If you work (paid, non-paid, self-employed) or go to school, complete questions D5.5—D5.8, below. Otherwise, skip to D6.1.

Because of your health condition, in the past 30 days, how much difficulty did you have in:

- | | | | | | | |
|-------------|--|-------------------------------|-------------------------------|-----------------------------------|---------------------------------|---|
| D5.5 | Taking care of your household responsibilities? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |
| D5.6 | Doing most important household tasks well? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |
| D5.7 | Getting all the household work done that you needed to do? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |
| D5.8 | Getting your household work done as quickly as needed? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |

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Think back over the past 30 days and answer these questions, thinking about how much difficulty you had doing the following activities. For each question, please circle only one response.

In the past 30 days:

Participation in society

- | | | | | | | |
|-------------|---|-------------------------------|-------------------------------|-----------------------------------|---------------------------------|---|
| D6.1 | How much of a problem did you have in joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |
| D6.2 | How much of a problem did you have because of barriers or hindrances in the world around you? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |
| D6.3 | How much of a problem did you have living with dignity because of the attitudes and actions of others? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |
| D6.4 | How much time did you spend on your health condition, or its consequences? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |
| D6.5 | How much have you been emotionally affected by your health condition? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |
| D6.6 | How much has your health been a drain on the financial resources of you or your family? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |
| D6.7 | How much of a problem did your family have because of your health problems? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |
| D6.8 | How much of a problem did you have in doing things by yourself for relaxation or pleasure? | None <input type="checkbox"/> | Mild <input type="checkbox"/> | Moderate <input type="checkbox"/> | Severe <input type="checkbox"/> | Extreme or cannot do <input type="checkbox"/> |

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|-----------|--|--|
| H1 | Overall, in the past 30 days, how many days were these difficulties present? | Record number of days <input type="text"/> |
| H2 | In the past 30 days, for how many days were you totally unable to carry out your usual activities or work because of any health condition? | Record number of days <input type="text"/> |
| H3 | In the past 30 days, not counting the days that you were totally unable, for how many days did you cut back or reduce your usual activities or work because of any health condition? | Record number of days <input type="text"/> |

This completes the questionnaire. Thank you.

Date:
mm/dd/yyyy