

World Health Organization Disability Assessment Schedule 2.0

This questionnaire asks about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short of 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 check only ONE response.

In the past 30 days, how much difficulty did you have in:						
	Question	None	Mild	Moderate	Severe	Extreme or cannot do
1	<u>Standing for long periods</u> such as <u>30 minutes</u> ?					
2	Taking care of your <u>household responsibilities</u> ?					
3	<u>Learning a new task</u> for example learning how to get to a new place?					
4	How much of a problem did you have <u>joining in community activities</u> (for example, festivities, religious or other activities) in the same way as anyone else can?					
5	How much have you been <u>emotionally affected</u> by your health problems?					
6	<u>Concentrating</u> on doing something for <u>ten minutes</u> ?					
7	<u>Walking a long distance</u> such as a kilometer [or equivalent]?					
8	<u>Washing your whole body</u> ?					
9	Getting <u>dressed</u> ?					
10	<u>Dealing with people you do not know</u> ?					
11	<u>Maintaining a friendship</u> ?					
12	Your day to day <u>work</u> ?					

A	Overall in the past 30 days, <u>how many days</u> were these difficulties present?	<i>Record number of days</i> _____
B	In the past 30 days, for how many days were you <u>totally unable</u> to carry out your usual activities or work because of any health condition?	<i>Record number of days</i> _____
C	In the past 30 days, not counting the days that you were totally unable for how many days did you <u>cut back</u> or <u>reduce</u> your usual activities or work because of any health condition?	<i>Record number of days</i> _____