WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

12-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:						
S1	Standing for long periods such as 30 minutes?	None	Mild	Moderate	Severe	Extreme or cannot do
S2	Taking care of your household responsibilities?	None	Mild	Moderate	Severe	Extreme or cannot do
S3	Learning a new task, for example, learning how to get to a new place?	None	Mild	Moderate	Severe	Extreme or cannot do
S4	How much of a problem did you have joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?	None	Mild	Moderate	Severe	Extreme or cannot do
S5	How much have you been emotionally affected by your health problems?	None	Mild	Moderate	Severe	Extreme or cannot do

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12
Self

In the past 30 days, how much difficulty did you have in:						
S6	Concentrating on doing something for ten minutes?	None ☐	Mild ☐	Moderate ☐	Severe ☐	Extreme or ☐ do
S7	Walking a long distance such as a kilometre [or equivalent]?	None ☐	Mild ☐	Moderate ☐	Severe ☐	Extreme or ☐ do
S8	Washing your whole body?	None ☐	Mild ☐	Moderate ☐	Severe ☐	Extreme or ☐ do
S9	Getting dressed?	None ☐	Mild ☐	Moderate ☐	Severe ☐	Extreme or ☐ do
S10	Dealing with people you do not know?	None ☐	Mild ☐	Moderate ☐	Severe ☐	Extreme or ☐ do
S11	Maintaining a friendship?	None ☐	Mild ☐	Moderate ☐	Severe ☐	Extreme or ☐ do
S12	Your day-to-day work?	None ☐	Mild ☐	Moderate ☐	Severe ☐	Extreme or ☐ do

H1	Overall, in the past 30 days, how many days were these difficulties present?	***Record number of days ___***
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 ___***
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 ___***

This completes the questionnaire. Thank you.