



# WHODAS 2.0

WORLD HEALTH ORGANIZATION  
DISABILITY ASSESSMENT SCHEDULE 2.0

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete if you are 18 years old and older

## 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 <u>30 days</u> , how much <u>difficulty</u> did you have in:							Clinician Use Only
<b>Understanding and communicating</b>		Numeric Scores: 1 2 3 4 5					
D1.1	<u>Concentrating</u> on doing something for <u>ten minutes</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do	_____
D1.2	<u>Remembering</u> to do <u>important things</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do	_____
D1.3	<u>Analysing and finding solutions to problems</u> in day-to-day life?	None	Mild	Moderate	Severe	Extreme or cannot do	_____
D1.4	<u>Learning a new task</u> , for example, learning how to get to a new place?	None	Mild	Moderate	Severe	Extreme or cannot do	_____
D1.5	<u>Generally understanding</u> what people say?	None	Mild	Moderate	Severe	Extreme or cannot do	_____
D1.6	<u>Starting and maintaining a conversation</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do	_____
<b>Getting around</b>							
D2.1	<u>Standing</u> for <u>long periods</u> such as <u>30 minutes</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do	_____
D2.2	<u>Standing up</u> from sitting down?	None	Mild	Moderate	Severe	Extreme or cannot do	_____
D2.3	<u>Moving around</u> <u>inside your home</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do	_____
D2.4	<u>Getting out</u> of your <u>home</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do	_____
D2.5	<u>Walking a long distance</u> such as a <u>kilometre</u> [or equivalent]?	None	Mild	Moderate	Severe	Extreme or cannot do	_____

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Self

In the past 30 days, how much difficulty did you have in:							Clinician Use Only
Self-care		Numeric Scores: 1 2 3 4 5					
D3.1	Washing your whole body?	None	Mild	Moderate	Severe	Extreme or cannot do	
D3.2	Getting dressed?	None	Mild	Moderate	Severe	Extreme or cannot do	
D3.3	Eating?	None	Mild	Moderate	Severe	Extreme or cannot do	
D3.4	Staying by yourself for a few days?	None	Mild	Moderate	Severe	Extreme or cannot do	
<b>Getting along with people</b>							
D4.1	Dealing with people you do not know?	None	Mild	Moderate	Severe	Extreme or cannot do	
D4.2	Maintaining a friendship?	None	Mild	Moderate	Severe	Extreme or cannot do	
D4.3	Getting along with people who are close to you?	None	Mild	Moderate	Severe	Extreme or cannot do	
D4.4	Making new friends?	None	Mild	Moderate	Severe	Extreme or cannot do	
D4.5	Sexual activities?	None	Mild	Moderate	Severe	Extreme or cannot do	
<b>Life activities</b>							
D5.1	Taking care of your household responsibilities?	None	Mild	Moderate	Severe	Extreme or cannot do	
D5.2	Doing most important household tasks well?	None	Mild	Moderate	Severe	Extreme or cannot do	
D5.3	Getting all the household work done that you needed to do?	None	Mild	Moderate	Severe	Extreme or cannot do	
D5.4	Getting your household work done as quickly as needed?	None	Mild	Moderate	Severe	Extreme or cannot do	

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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 <u>30 days</u> , how much <u>difficulty</u> did you have in:							Clinician Use Only
		None	Mild	Moderate	Severe	Extreme or cannot do	
D5.5	Your day-to-day <u>work/school</u> ?						_____
D5.6	Doing your most important work/school tasks <u>well</u> ?						_____
D5.7	Getting all the work <u>done</u> that you need to do?						_____
D5.8	Getting your work done as <u>quickly</u> as needed?						_____

<b>Participation in society</b>							Clinician Use Only
In the past <u>30 days</u> :		Numeric Scores:    1       2       3       4       5					
		None	Mild	Moderate	Severe	Extreme or cannot do	
D6.1	How much of a problem did you have in <u>joining in community activities</u> (for example, festivities, religious or other activities) in the same way as anyone else can?						_____
D6.2	How much of a problem did you have because of <u>barriers or hindrances</u> in the world around you?						_____
D6.3	How much of a problem did you have <u>living with dignity</u> because of the attitudes and actions of others?						_____
D6.4	How much <u>time</u> did <u>you</u> spend on your health condition, or its consequences?						_____
D6.5	How much have <u>you</u> been <u>emotionally affected</u> by your health condition?						_____
D6.6	How much has your health been a <u>drain on the financial resources</u> of you or your family?						_____
D6.7	How much of a problem did your <u>family</u> have because of your health problems?						_____
D6.8	How much of a problem did you have in doing things <u>by yourself</u> for <u>relaxation or pleasure</u> ?						_____

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H1	Overall, in the past 30 days, <u>how many days</u> were these difficulties present?	<b>Record number of days</b> ____
H2	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?	<b>Record number of days</b> ____
H3	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?	<b>Record number of days</b> ____

This completes the questionnaire. Thank you.

Page 1 Score \_\_\_\_\_ + Page 2 Score \_\_\_\_\_ + Page 3 Score \_\_\_\_\_ = Total Score: \_\_\_\_\_ / 180