

WHODAS 2.0 World Health Organization Disability Assessment Schedule 2.0

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Name: _____ Date: _____ dd / mm / yyyy

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 choose only one response.

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

S6 Concentrating on doing something for ten minutes?

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme or cannot do

S7 Walking a long distance such as a kilometer [or equivalent]?

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme or cannot do

S8 Washing your whole body?

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme or cannot do

S9 Getting dressed?

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme or cannot do

S10 Dealing with people you do not know?

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme or cannot do

S11 Maintaining a friendship?

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme or cannot do

S12 Your day-to-day work?

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Extreme or cannot 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:

Scoring: Sum of all scores: / 12 = (Average General Disability Score) 1 = None 2 = Mild Disability 3 = Moderate Disability 4 = Severe Disability 5 = Extreme Disability