

WHODAS 2.0

World Health Organization Disability Assessment Schedule 2.0

36-item version, self-administered

Patient Name: _____ **Age:** _____ **Sex:** Male Female **Date:** _____

This questionnaire asks about difficulties due to health/mental 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.

Numeric scores assigned to each of the items:							<i>Clinician Use Only</i>								
							1	2	3	4	5	Raw Item Score	Raw Domain Score	Average Domain Score	
In the <u>last 30 days</u> , how much difficulty did you have in:															
Understanding and communicating															
D1.1	<u>Concentrating on doing something for ten minutes?</u>						None	Mild	Moderate	Severe	Extreme or cannot do		30	5	
D1.2	<u>Remembering to do important things?</u>						None	Mild	Moderate	Severe	Extreme or cannot do				
D1.3	<u>Analyzing and finding solutions to problems in day-to-day life?</u>						None	Mild	Moderate	Severe	Extreme or cannot do				
D1.4	<u>Learning a new task, for example, learning how to get to a new place?</u>						None	Mild	Moderate	Severe	Extreme or cannot do				
D1.5	<u>Generally understanding what people say?</u>						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				
Getting around															
D2.1	<u>Standing for long periods, such as 30 minutes?</u>						None	Mild	Moderate	Severe	Extreme or cannot do		25	5	
D2.2	<u>Standing up from sitting down?</u>						None	Mild	Moderate	Severe	Extreme or cannot do				
D2.3	<u>Moving around inside your home?</u>						None	Mild	Moderate	Severe	Extreme or cannot do				
D2.4	<u>Getting out of your home?</u>						None	Mild	Moderate	Severe	Extreme or cannot do				
D2.5	<u>Walking a long distance, such as a kilometer (or equivalent)?</u>						None	Mild	Moderate	Severe	Extreme or cannot do				
Self-care															
D3.1	<u>Washing your whole body?</u>						None	Mild	Moderate	Severe	Extreme or cannot do		20	5	
D3.2	<u>Getting dressed?</u>						None	Mild	Moderate	Severe	Extreme or cannot do				
D3.3	<u>Eating?</u>						None	Mild	Moderate	Severe	Extreme or cannot do				
D3.4	<u>Staying by yourself for a few days?</u>						None	Mild	Moderate	Severe	Extreme or cannot do				
Getting along with people															
D4.1	<u>Dealing with people you do not know?</u>						None	Mild	Moderate	Severe	Extreme or cannot do		25	5	
D4.2	<u>Maintaining a friendship?</u>						None	Mild	Moderate	Severe	Extreme or cannot do				
D4.3	<u>Getting along with people who are close to you?</u>						None	Mild	Moderate	Severe	Extreme or cannot do				
D4.4	<u>Making new friends?</u>						None	Mild	Moderate	Severe	Extreme or cannot do				
D4.5	<u>Sexual activities?</u>						None	Mild	Moderate	Severe	Extreme or cannot do				

Numeric scores assigned to each of the items:							Clinician Use Only							
							1	2	3	4	5	Raw Item Score	Raw Domain Score	Average Domain Score
In the <u>last 30 days</u> , how much difficulty did you have in:														
Life activities—Household														
D5.1	Taking care of your <u>household responsibilities</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do								
D5.2	Doing most important household tasks <u>well</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do								
D5.3	Getting all of the household work <u>done</u> that you needed to do?	None	Mild	Moderate	Severe	Extreme or cannot do						20	5	
D5.4	Getting your household work done as <u>quickly</u> as needed?	None	Mild	Moderate	Severe	Extreme or cannot do								
Life activities—School/Work														
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:														
D5.5	Your day-to-day <u>work/school</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do								
D5.6	Doing your most important work/school tasks <u>well</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do								
D5.7	Getting all of the work <u>done</u> that you need to do?	None	Mild	Moderate	Severe	Extreme or cannot do						20	5	
D5.8	Getting your work done as <u>quickly</u> as needed?	None	Mild	Moderate	Severe	Extreme or cannot do								
Participation in society														
In the past <u>30 days</u> :														
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?	None	Mild	Moderate	Severe	Extreme or cannot do								
D6.2	How much of a problem did you have because of <u>barriers or hindrances</u> around you?	None	Mild	Moderate	Severe	Extreme or cannot do								
D6.3	How much of a problem did you have <u>living with dignity</u> because of the attitudes and actions of others?	None	Mild	Moderate	Severe	Extreme or cannot do								
D6.4	How much <u>time</u> did <u>you</u> spend on your health condition or its consequences?	None	Some	Moderate	A Lot	Extreme or cannot do						40	5	
D6.5	How much have <u>you</u> been <u>emotionally affected</u> by your health condition?	None	Mild	Moderate	Severe	Extreme or cannot do								
D6.6	How much has your health been a <u>drain on the financial resources</u> of you or your family?	None	Mild	Moderate	Severe	Extreme or cannot do								
D6.7	How much of a problem did your <u>family</u> have because of your health problems?	None	Mild	Moderate	Severe	Extreme or cannot do								
D6.8	How much of a problem did you have in doing things <u>by yourself</u> for <u>relaxation or pleasure</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do								
General Disability Score (Total):												180	5	

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