

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	Concentrating on doing something for <u>ten minutes</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do						30	5	
D1.2	Remembering to do <u>important things</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do								
D1.3	Analyzing and finding solutions to problems in day-to-day life?	None	Mild	Moderate	Severe	Extreme or cannot do								
D1.4	Learning a <u>new task</u> , for example, learning how to get to a new place?	None	Mild	Moderate	Severe	Extreme or cannot do								
D1.5	Generally understanding what people say?	None	Mild	Moderate	Severe	Extreme or cannot do								
D1.6	Starting and maintaining a <u>conversation</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do								
Getting around														
D2.1	Standing for <u>long periods</u> , such as <u>30 minutes</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do					25	5		
D2.2	Standing up from sitting down?	None	Mild	Moderate	Severe	Extreme or cannot do								
D2.3	Moving around <u>inside your home</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do								
D2.4	Getting out of your home?	None	Mild	Moderate	Severe	Extreme or cannot do								
D2.5	Walking a <u>long distance</u> , such as a kilometer (or equivalent)?	None	Mild	Moderate	Severe	Extreme or cannot do								
Self-care														
D3.1	Washing your <u>whole body</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do					20	5		
D3.2	Getting <u>dressed</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do								
D3.3	Eating?	None	Mild	Moderate	Severe	Extreme or cannot do								
D3.4	Staying <u>by yourself</u> for a <u>few days</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do								
Getting along with people														
D4.1	Dealing with people you do not know?	None	Mild	Moderate	Severe	Extreme or cannot do					25	5		
D4.2	Maintaining a friendship?	None	Mild	Moderate	Severe	Extreme or cannot do								
D4.3	Getting along with people who are <u>close to you</u> ?	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								

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						20	5			
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										
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						20	5			
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										
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						40	5			
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										
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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