



# WHODAS 2.0

WORLD HEALTH ORGANIZATION  
DISABILITY ASSESSMENT SCHEDULE 2.0

## 36-item version, proxy-administered

This questionnaire asks about difficulties due to health conditions experienced by the person about whom you are responding in your role as friend, relative or carer. 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, to the best of your knowledge, answer these questions thinking about how much difficulty your friend, relative or carer had while doing the following activities. (Note: the questionnaire uses the term “relative” to mean “friend”, “relative” or “carer”.) For each question, please circle only one response.

H4 <sup>a</sup>	I am the _____ (choose one) of this person.	1 =	husband or wife	5 =	other relative
		2 =	parent	6 =	friend
		3 =	son or daughter	7 =	professional carer
		4 =	brother or sister	8 =	other (specify) _____

<sup>a</sup> Questions H1–H3 appear at the end of the questionnaire.

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In the past 30 days, <u>how much difficulty</u> did your relative have in:						
<b>Understanding and communicating</b>						
D1.1	<u>Concentrating on doing something for ten minutes?</u>	None	Mild	Moderate	Severe	Extreme or cannot do
D1.2	<u>Remembering to do important things?</u>	None	Mild	Moderate	Severe	Extreme or cannot do
D1.3	<u>Analysing 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</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 for long periods</u> such as 30 minutes?	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 inside their home?</u>	None	Mild	Moderate	Severe	Extreme or cannot do
D2.4	<u>Getting out of their home?</u>	None	Mild	Moderate	Severe	Extreme or cannot do
D2.5	<u>Walking a long distance</u> such as a kilometre [or equivalent]?	None	Mild	Moderate	Severe	Extreme or cannot do

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Because of their health condition, in the past 30 days, <u>how much difficulty</u> did your relative have in:						
<b>Self-care</b>						
D3.1	Washing his or her <u>whole body</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D3.2	Getting <u>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	Staying <u>by himself or herself</u> for a <u>few days</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
<b>Getting along with people</b>						
D4.1	<u>Dealing with people he or she does not know</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D4.2	<u>Maintaining a friendship</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D4.3	<u>Getting along</u> with people who are <u>close</u> to him or her?	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</u> activities?	None	Mild	Moderate	Severe	Extreme or cannot do
<b>Life activities</b>						
D5.1	Taking care of his or her <u>household responsibilities</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D5.2	Doing his or her most important household tasks <u>well</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D5.3	Getting all the household work <u>done</u> that is needed?	None	Mild	Moderate	Severe	Extreme or cannot do
D5.4	Getting the household work done as <u>quickly</u> as needed?	None	Mild	Moderate	Severe	Extreme or cannot do

If your relative works (paid, non-paid, self-employed) or goes to school, complete questions D5.5–D5.8, below. Otherwise, skip to D6.1 near the top of the following page.



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In the past 30 days, <u>how much difficulty</u> did your relative have in:						
D5.5	His or her day-to-day <u>work/school</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D5.6	Doing his or her most important work/school tasks <u>well</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D5.7	Getting all the work <u>done</u> that is needed?	None	Mild	Moderate	Severe	Extreme or cannot do
D5.8	Getting the work done as <u>quickly</u> as needed?	None	Mild	Moderate	Severe	Extreme or cannot do

Participation in society in the <u>past 30 days</u>						
D6.1	How much of a problem did <u>your relative</u> 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 your relative have because of <u>barriers or hindrances</u> in the world around him or her?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.3	How much of a problem did your relative 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>your relative</u> spend on his or her health condition, or its consequences?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.5	How much has <u>your relative</u> been <u>emotionally affected</u> by his or her health condition?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.6	How much has his or her health been a <u>drain on his or her financial resources</u> or on the financial resources of other relatives?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.7	How much of a problem did <u>you</u> or the <u>rest of his or her family</u> have because of his or her health problems?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.8	How much of a problem did your relative have in doing things <u>by himself or herself</u> for <u>relaxation or pleasure</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do

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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 was your relative <u>totally unable</u> to carry out his or her 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 your relative was totally unable, for how many days did your relative <u>cut back</u> or <u>reduce</u> his or her usual activities or work because of any health condition?	<b>Record number of days</b> ____

This completes the questionnaire. Thank you for participating.