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.

|  |  |
| --- | --- |
|  | ***Clinician Use Only*** |
| Numeric scores assigned to each of the items: | 1 | 2 | 3 | 4 | 5 | Raw Item Score | Raw Domain Score | AverageDomain Score |
| In the last 30 days, how much difficulty did you have in: |
| **Understanding and communicating** |
| D1.1 | Concentrating on doing something for tenminutes? | None | Mild | Moderate | Severe | Extreme or cannot do |  | 30 | 5 |
| D1.2 | Remembering to do important things? | None | Mild | Moderate | Severe | Extreme orcannot do |  |
| D1.3 | Analyzing and finding solutions to problems inday-to-day life? | None | Mild | Moderate | Severe | Extreme or cannot do |  |
| D1.4 | Learning a new task, for example, learning howto 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 orcannot do |  |
| D1.6 | Starting and maintaining a conversation? | None | Mild | Moderate | Severe | Extreme orcannot do |  |
| **Getting around** |  |
| D2.1 | Standing for long periods, such as 30 minutes? | None | Mild | Moderate | Severe | Extreme orcannot do |  | 25 | 5 |
| D2.2 | Standing up from sitting down? | None | Mild | Moderate | Severe | Extreme orcannot do |  |
| D2.3 | Moving around inside your home? | None | Mild | Moderate | Severe | Extreme orcannot do |  |
| D2.4 | Getting out of your home? | None | Mild | Moderate | Severe | Extreme orcannot do |  |
| D2.5 | Walking a long distance, such as a kilometer (orequivalent)? | None | Mild | Moderate | Severe | Extreme or cannot do |  |
| **Self-care** |  |
| D3.1 | Washing your whole body? | None | Mild | Moderate | Severe | Extreme orcannot do |  | 20 | 5 |
| D3.2 | Getting dressed? | None | Mild | Moderate | Severe | Extreme orcannot do |  |
| D3.3 | Eating? | None | Mild | Moderate | Severe | Extreme orcannot do |  |
| D3.4 | Staying by yourself for a few days? | None | Mild | Moderate | Severe | Extreme orcannot do |  |
| **Getting along with people** |  |
| D4.1 | Dealing with people you do not know? | None | Mild | Moderate | Severe | Extreme orcannot do |  | 25 | 5 |
| D4.2 | Maintaining a friendship? | None | Mild | Moderate | Severe | Extreme orcannot do |  |
| D4.3 | Getting along with people who are close toyou? | None | Mild | Moderate | Severe | Extreme or cannot do |  |
| D4.4 | Making new friends? | None | Mild | Moderate | Severe | Extreme orcannot do |  |
| D4.5 | Sexual activities? | None | Mild | Moderate | Severe | Extreme orcannot do |  |

|  |  |
| --- | --- |
|  | ***Clinician Use Only*** |
| Numeric scores assigned to each of the items: | 1 | 2 | 3 | 4 | 5 | Raw Item Score | Raw Domain Score | AverageDomain Score |
| In the last 30 days, how much difficulty did you have in: |
| **Life activities—Household** |
| D5.1 | Taking care of your household responsibilities? | None | Mild | Moderate | Severe | Extreme orcannot do |  | 20 | 5 |
| D5.2 | Doing most important household tasks well? | None | Mild | Moderate | Severe | Extreme orcannot do |  |
| D5.3 | Getting all of the household work done thatyou needed to do? | None | Mild | Moderate | Severe | Extreme or cannot do |  |
| D5.4 | Getting your household work done as quickly asneeded? | 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 30 days, how much difficulty did you have in: |
| D5.5 | Your day-to-day work/school? | None | Mild | Moderate | Severe | Extreme orcannot do |  | 20 | 5 |
| D5.6 | Doing your most important work/school taskswell? | None | Mild | Moderate | Severe | Extreme or cannot do |  |
| D5.7 | Getting all of the work done that you need todo? | None | Mild | Moderate | Severe | Extreme or cannot do |  |
| D5.8 | Getting your work done as quickly as needed? | None | Mild | Moderate | Severe | Extreme orcannot do |  |
| **Participation in society** |  |
| In the past 30 days: |
| D6.1 | How much of a problem did you have in joining in community activities (for example, festivities, religious, or other activities) in the same way asanyone else can? | None | Mild | Moderate | Severe | Extreme or cannot do |  | 40 | 5 |
| D6.2 | How much of a problem did you have because of barriers or hindrances around you? | None | Mild | Moderate | Severe | Extreme or cannot do |  |
| D6.3 | How much of a problem did you have living with dignity because of the attitudes andactions of others? | None | Mild | Moderate | Severe | Extreme or cannot do |  |
| D6.4 | How much time did you spend on your healthcondition or its consequences? | None | Some | Moderate | A Lot | Extreme or cannot do |  |
| D6.5 | How much have you been emotionally affectedby your health condition? | None | Mild | Moderate | Severe | Extreme or cannot do |  |
| D6.6 | How much has your health been a drain on thefinancial resources of you or your family? | None | Mild | Moderate | Severe | Extreme or cannot do |  |
| D6.7 | How much of a problem did your family havebecause of your health problems? | None | Mild | Moderate | Severe | Extreme or cannot do |  |
| D6.8 | How much of a problem did you have in doingthings by yourself for relaxation or pleasure? | None | Mild | Moderate | Severe | Extreme or cannot do |  |
| General Disability Score (Total): | 180 | 5 |

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