

Patient Name:	Date:
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**WHODAS 2.0 (12-item version, self-administered)**  
World Health Organization Disability Assessment Schedule 2.0

This questionnaire asks about difficulties due to health conditions. Health conditions include diseases or illness, other health problems that may be short or long lasting, injuries, mental or emotional problems.

*In the past 30 days, how much difficulty did you have in:*

	None	Mild	Moderate	Severe	Extreme/cannot do
Concentrating on doing something for ten minutes?	1	2	3	4	5
Walking a long distance such as a kilometer (or equivalent)?	1	2	3	4	5
Washing your whole body?	1	2	3	4	5
Getting dressed?	1	2	3	4	5
Dealing with people you do not know?	1	2	3	4	5
Maintaining a friendship?	1	2	3	4	5
Your day-to-day work?	1	2	3	4	5
Standing for long periods such as 30 minutes?	1	2	3	4	5
Taking care of your household responsibilities?	1	2	3	4	5
Learning a new task, for example, learning how to get to a new place?	1	2	3	4	5
How much of a problem did you have joining in community activities (festivities, religious, or other activities) in the same way as anyone else can?	1	2	3	4	5
How much have you been emotionally affected by your health problems?	1	2	3	4	5

*Total Score*

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Overall, in the past 30 days, how many days were these difficulties present?

Record number of days:

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:

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: