



**World Health Organization
Disability Assessment Schedule II**

**Phase 2 Field Trials – Health Services Research
12-Item Self-Administered Version**

For Office Use Only:

____ - ____ - ____
Center# Subject # - Time #

___/___/___
Day / Month / Year

- Pop: Dwelling:
- Gen Independent
 - Drg Assisted
 - Alc Hospitalized
 - Mnh
 - Phys
 - Other

H1	How do you rate your <u>overall health in the past 30 days</u> ?	Very good	Good	Moderate	Bad	Very Bad
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This questionnaire asks about difficulties due to 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 last 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.

In the last <u>30 days</u> , how much <u>difficulty</u> did you have in:						
S1	<u>Standing for long periods</u> such as <u>30 minutes</u> ?	None	Mild	Moderate	Severe	Extreme /Cannot Do
S2	Taking care of your <u>household responsibilities</u> ?	None	Mild	Moderate	Severe	Extreme /Cannot Do
S3	<u>Learning a new task</u> , for example, learning how to get to a new place?	None	Mild	Moderate	Severe	Extreme /Cannot Do
S4	How much of a problem did you have <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 /Cannot Do
S5	How much have <u>you been emotionally affected</u> by your health problems?	None	Mild	Moderate	Severe	Extreme /Cannot Do

Please continue to the next page ...

In the last <u>30 days</u> , how much <u>difficulty</u> did you have in:						
S6	<u>Concentrating</u> on doing something for <u>ten minutes</u> ?	None	Mild	Moderate	Severe	Extreme /Cannot Do
S7	<u>Walking a long distance</u> such as a <u>kilometre</u> [or equivalent]?	None	Mild	Moderate	Severe	Extreme /Cannot Do
S8	<u>Washing your whole body</u> ?	None	Mild	Moderate	Severe	Extreme /Cannot Do
S9	Getting <u>dressed</u> ?	None	Mild	Moderate	Severe	Extreme /Cannot Do
S10	<u>Dealing</u> with people you do not <u>know</u> ?	None	Mild	Moderate	Severe	Extreme /Cannot Do
S11	<u>Maintaining a friendship</u> ?	None	Mild	Moderate	Severe	Extreme /Cannot Do
S12	Your day to day <u>work</u> ?	None	Mild	Moderate	Severe	Extreme /Cannot Do

H2	Overall, how much did these difficulties <u>interfere</u> with your life?	Not at all	Mildly	Moderately	Severely	Extremely
H3	Overall, in the past 30 days, <u>how many days</u> were these difficulties present?	RECORD NUMBER OF DAYS ___/___				
H4	In the past 30 days, for how many days were you <u>totally unable</u> to carry out your usual activities or work because of any health condition?	RECORD NUMBER OF DAYS ___/___				
H5	In the past 30 days, not counting the days that you were totally unable, for how many days did you <u>cut back</u> or <u>reduce</u> your usual activities or work because of any health condition?	RECORD NUMBER OF DAYS ___/___				

This completes the questionnaire. Thank you.