

WHODAS 2.0

World Health Organization Disability Assessment Schedule 2.0

36-item version, self-administered

Patient name: _____

Date of birth: _____ Claim number: _____ 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.

In the <u>last 30 days</u> , how much difficulty did you have in:						
Understanding and communicating						
D1.1	<u>Concentrating</u> on doing something for <u>ten minutes</u> ?	None	Mild	Moderate	Severe	Extreme or can not do
D1.2	<u>Remembering</u> to do <u>important things</u> ?	None	Mild	Moderate	Severe	Extreme or can not do
D1.3	<u>Analyzing and finding solutions to problems</u> in day-to-day life?	None	Mild	Moderate	Severe	Extreme or can not 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 can not do
D1.5	<u>Generally understanding</u> what people say?	None	Mild	Moderate	Severe	Extreme or can not do
D1.6	<u>Starting and maintaining a conversation</u> ?	None	Mild	Moderate	Severe	Extreme or can not do
Getting around						
D2.1	<u>Standing for long periods</u> , such as <u>30 minutes</u> ?	None	Mild	Moderate	Severe	Extreme or can not do
D2.2	<u>Standing up</u> from sitting down?	None	Mild	Moderate	Severe	Extreme or can not do

D2.3	<u>Moving around inside your home?</u>	None	Mild	Moderate	Severe	Extreme or can not do
D2.4	<u>Getting out of your home?</u>	None	Mild	Moderate	Severe	Extreme or can not do
D2.5	<u>Walking a long distance, such as a kilometer (or equivalent)?</u>	None	Mild	Moderate	Severe	Extreme or can not do
Self care						
D3.1	<u>Washing your whole body?</u>	None	Mild	Moderate	Severe	Extreme or can not do
D3.2	<u>Getting dressed?</u>	None	Mild	Moderate	Severe	Extreme or can not do
D3.3	<u>Eating?</u>	None	Mild	Moderate	Severe	Extreme or can not do
D3.4	<u>Staying by yourself for a few days?</u>	None	Mild	Moderate	Severe	Extreme or can not do
Getting along with people						
D4.1	<u>Dealing with people you do not know?</u>	None	Mild	Moderate	Severe	Extreme or can not do
D4.2	<u>Maintaining a friendship?</u>	None	Mild	Moderate	Severe	Extreme or can not do
D4.3	<u>Getting along with people who are close to you?</u>	None	Mild	Moderate	Severe	Extreme or can not do
D4.4	<u>Making new friends?</u>	None	Mild	Moderate	Severe	Extreme or can not do
D4.5	<u>Sexual activities?</u>	None	Mild	Moderate	Severe	Extreme or can not do
Life activities-Household						
D5.1	<u>Taking care of your household responsibilities?</u>	None	Mild	Moderate	Severe	Extreme or can not do
D5.2	<u>Doing most important household tasks well?</u>	None	Mild	Moderate	Severe	Extreme or can not do
D5.3	<u>Getting all of the household work done that you needed to do?</u>	None	Mild	Moderate	Severe	Extreme or can not do
D5.4	<u>Getting your household work done as quickly as needed?</u>	None	Mild	Moderate	Severe	Extreme or can not 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 <u>work/school</u> ?	None	Mild	Moderate	Severe	Extreme or can not do
D5.6	Doing your most important work/school tasks <u>well</u> ?	None	Mild	Moderate	Severe	Extreme or can not do
D5.7	Getting all of the work <u>done</u> that you need to do?	None	Mild	Moderate	Severe	Extreme or can not do
D5.8	Getting your work done as <u>quickly</u> as needed?	None	Mild	Moderate	Severe	Extreme or can not do

Participation in society

In the past 30 days:

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 can not do
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 can not 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 can not do
D6.4	How much <u>time</u> did <u>you</u> spend on your health condition or its consequences?	None	Mild	Moderate	Severe	Extreme or can not do
D6.5	How much have <u>you</u> been <u>emotionally affected</u> by your health condition?	None	Mild	Moderate	Severe	Extreme or can not 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 can not 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 can not 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 can not do

Patient Health Questionnaire and General Anxiety Disorder
(PHQ-9 and GAD-7)

Date _____ Patient Name: _____ Date of Birth: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
Please circle your answers.

PHQ-9	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things.	0	1	2	3
2. Feeling down, depressed, or hopeless.	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much.	0	1	2	3
4. Feeling tired or having little energy.	0	1	2	3
5. Poor appetite or overeating.	0	1	2	3

6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television.	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way.	0	1	2	3
Add the score of each column				

Total Score (add your column scores): _____

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? (Circle one)

Not difficult at all

Somewhat difficult

Very Difficult

Extremely Difficult

Over the last 2 weeks, how often have you been bothered by any of the following problems? Please circle your answers.

GAD-7	Not at all sure	Several days	Over half the day	Nearly every day
1. Feeling nervous, anxious, or on edge.	0	1	2	3
2. Not being able to stop or control worrying.	0	1	2	3
3. Worrying too much about different things.	0	1	2	3
4. Trouble relaxing.	0	1	2	3
5. Being so restless that it's hard to sit still.	0	1	2	3
6. Becoming easily annoyed or irritable.	0	1	2	3
7. Feeling afraid as if something awful	0	1	2	3

might happen				
Add the score for each column				

Total Score (add your column scores): _____

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? (Circle one)

Not difficult at all

Somewhat difficult

Very Difficult

Extremely Difficult