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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 last 30 days, how much difficulty did you have in:						
Understanding and communicating						
D1.1	**Concentrating on doing something for ten minutes?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**
D1.2	**Remembering to do important things?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**
D1.3	**Analyzing and finding solutions to problems in dayto-day life?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**
D1.4	**Learning a new task, for example, learning how to get to a new place?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**
D1.5	**Generally understanding what people say?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**
D1.6	**Starting and maintaining a conversation?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**
Getting around						
D2.1	**Standing for long periods, such as 30 minutes?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**
D2.2	**Standing up from sitting down?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**

D2.3	**Moving around inside your home?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**
D2.4	**Getting out of your home?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**
D2.5	**Walking a long distance, such as a kilometer (or equivalent)?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**
Self care						
D3.1	**Washing your whole body?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**
D3.2	**Getting dressed?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**
D3.3	**Eating?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**
D3.4	**Staying by yourself for a few days?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**
Getting along with people						
D4.1	**Dealing with people you do not know?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**
D4.2	**Maintaining a friendship?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**
D4.3	**Getting along with people who are close to you?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**
D4.4	**Making new friends?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**
D4.5	**Sexual activities?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**
Life activities-Household						
D5.1	**Taking care of your household responsibilities?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**
D5.2	**Doing most important household tasks well?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**
D5.3	**Getting all of the household work done that you needed to do?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**
D5.4	**Getting your household work done as quickly as needed?**	**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 work/school?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**
D5.6	**Doing your most important work/school tasks well?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**
D5.7	**Getting all of the work done that you need to do?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**
D5.8	**Getting your work done as quickly 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 joining in community activities (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 barriers or hindrances around you?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**
D6.3	**How much of a problem did you have living with dignity because of the attitudes and actions of others?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**
D6.4	**How much time did you spend on your health condition or its consequences?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**
D6.5	**How much have you been emotionally affected by your health condition?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**
D6.6	**How much has your health been a drain on the financial resources of you or your family?**	**None**	**Mild**	**Moderate**	**Severe**	**Extreme or can not do**

D6.7	**How much of a problem did your family 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 by yourself for relaxation or pleasure?**	**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 <u>last 2 weeks</u>, 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**