

Census Questions on Disability Endorsed by the Washington Group

Introductory phrase:

The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM.

1. Do you have difficulty seeing, even if wearing glasses?
 - a. No - no difficulty
 - b. Yes – some difficulty
 - c. Yes – a lot of difficulty
 - d. Cannot do at all

2. Do you have difficulty hearing, even if using a hearing aid?
 - a. No- no difficulty
 - b. Yes – some difficulty
 - c. Yes – a lot of difficulty
 - d. Cannot do at all

3. Do you have difficulty walking or climbing steps?
 - a. No- no difficulty
 - b. Yes – some difficulty
 - c. Yes – a lot of difficulty
 - d. Cannot do at all

4. Do you have difficulty remembering or concentrating?
 - a. No – no difficulty
 - b. Yes – some difficulty
 - c. Yes – a lot of difficulty
 - d. Cannot do at all

5. Do you have difficulty (with self-care such as) washing all over or dressing?
 - a. No – no difficulty
 - b. Yes – some difficulty
 - c. Yes – a lot of difficulty
 - d. Cannot do at all

6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?
 - a. No – no difficulty
 - b. Yes – some difficulty
 - c. Yes – a lot of difficulty
 - d. Cannot do at all