

Washington Group - Extended Question Set on Functioning (WG ES-F)

(Version 9 November 2011)

(Proposal endorsed at the joint Washington Group / Budapest Initiative Task Force Meeting,
3-5 November 2010, Luxembourg)

Preamble to the WG ES-F:

Text provided in [] may be used at the discretion of the country / survey organization.

Interviewer, read: “Now I am going to ask you some [additional] questions about your ability to do different activities, and how you have been feeling. [Although some of these questions may seem similar to ones you have already answered, it is important that we ask them all.]”

VISION

VIS_1 [Do/Does] [you/he/she] wear glasses?

1. Yes
2. No
7. *Refused*
9. *Don't know*

VIS_2 [Do/Does] [you/he/she] have difficulty seeing, [*If VIS_1 = 1: even when wearing [your/his/her] glasses?*]? Would you say... [*Read response categories*]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do
7. *Refused*
9. *Don't know*

[*Note: This item is Question 1 in the WG Short Set.*]

OPTIONAL Vision questions:

VIS_3 [Do/does] [you/he/she] have difficulty clearly seeing someone's face across a room [*If VIS_1 = 1: even when wearing [your/his/her] glasses*]? Would you say... [*Read response categories*]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do
7. *Refused*
9. *Don't know*

VIS_4 [Do/does] [you/he/she] have difficulty clearly seeing the picture on a coin [*If VIS_1 = 1: even when wearing [your/his/her] glasses*]? Would you say... [*Read response categories*]?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do
7. *Refused*
9. *Don't know*

[*Note: Countries may choose to replace "the picture of a coin" with an equivalent item.*]

HEARING

HEAR_1 [Do/Does] [you/he/she] use a hearing aid?

1. Yes
2. No
7. *Refused*
9. *Don't know*

HEAR_2 [Do/Does] [you/he/she] have difficulty hearing, [*If HEAR_1 = 1*: even when using a hearing aid(s)]? Would you say... [*Read response categories*]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do
7. *Refused*
9. *Don't know*

[*Note: This item is Question 2 in the WG Short Set.*]

OPTIONAL Hearing questions:

HEAR_3 How often [do/does] [you/he/she] use [your/his/her] hearing aid(s)? Would you say... [*Read response categories*]

1. All of the time
2. Some of the time
3. Rarely
4. Never
7. *Refused*
9. *Don't know*

HEAR_4 [Do/does] [you/he/she] have difficulty hearing what is said in a conversation with one other person in a quiet room [*If HEAR_1 = 1*: even when using [your/his/her] hearing aid(s)]? Would you say... [*Read response categories*]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do
7. *Refused*
9. *Don't know*

HEAR_5 [Do/does] [you/he/she] have difficulty hearing what is said in a conversation with one other person in a noisier room [*If HEAR_1 = 1*: even when using [your/his/her] hearing aid(s)]? Would you say... [*Read response categories*]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do
7. *Refused*
9. *Don't know*

MOBILITY

MOB_1 [Do/Does] [you/he/she] have difficulty walking or climbing steps? Would you say... [*Read response categories*]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do
7. *Refused*
9. *Don't know*

[*Note: This item is Question 3 in the WG Short Set.*]

MOB_2 [Do/does] [you/he/she] use any equipment or receive help for getting around?

1. Yes
2. No *(Skip to MOB_4.)*
7. *Refused* *(Skip to MOB_4.)*
9. *Don't know* *(Skip to MOB_4.)*

MOB_3 [Do/does] [you/he/she] use any of the following?

Interviewer: Read the following list and record all affirmative responses:

		1. Yes	2. No	7. <i>Refused</i>	9 <i>Don't Know</i>
A.	Cane or walking stick?				
B.	Walker or Zimmer frame?				
C.	Crutches?				
D.	Wheelchair or scooter?				
E.	Artificial limb (leg/foot)?				
F.	Someone's assistance?				
G.	Other (please specify):				

MOB_4 [Do/Does] [you/he/she] have difficulty walking 100 meters on level ground, that would be about the length of one football field or one city block [If MOB_2 = 1: without the use of [your/his/her] aid]? Would you say... [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do (Skip to MOB_6.)
7. Refused
9. Don't know

[Note: Allow national equivalents for 100 metres.]

MOB_5 [Do/Does] [you/he/she] have difficulty walking half a km on level ground, that would be the length of five football fields or five city blocks [If MOB_2 = 1: without the use of [your/his/her] aid]? Would you say... [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do
7. Refused
9. Don't know

[Note: Allow national equivalents for 500 metres.]

MOB_6 [Do/Does] [you/he/she] have difficulty walking up or down 12 steps? Would you say... [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do
7. Refused
9. Don't know

If MOB_2 = 2 "No", skip to next section.

If MOB_3 = D "Wheelchair", skip to next section.

MOB_7 [Do/Does] [you/he/she] have difficulty walking 100 meters on level ground, that would be about the length of one football field or one city block, when using [your/his/her] aid? Would you say... [*Read response categories*]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do (*skip MOB_8*)
7. *Refused*
9. *Don't know*

MOB_8 [Do/Does] [you/he/she] have difficulty walking half a km on level ground, that would be the length of five football fields or five city blocks, when using [your/his/her] aid? Would you say... [*Read response categories*]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do
7. *Refused*
9. *Don't know*

COMMUNICATION

COM_1 Using [your/his/her] usual language, [do/does] [you/he/she] have difficulty communicating, for example understanding or being understood? Would you say... [*Read response categories*]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do
7. *Refused*
9. *Don't know*

[*Note: This item is Question 6 in the WG Short Set.*]

COM_2 [Do/does] [you/he/she] use sign language?

1. Yes
2. No
7. *Refused*
9. *Don't know*

COGNITION (REMEMBERING)

COG_1 [Do/does] [you/he/she] have difficulty remembering or concentrating? Would you say... [*Read response categories*]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do
7. *Refused*
9. *Don't know*

[*Note: This item is Question 4 in the WG Short Set.*]

OPTIONAL Cognition questions:

COG_2 [Do/does] [you/he/she] have difficulty remembering, concentrating, or both? Would you say... [*Read response categories*]

1. Difficulty remembering only
2. Difficulty concentrating only (*skip to next section*)
3. Difficulty with both remembering and concentrating
7. *Refused*
9. *Don't know*

COG_3 How often [do/does] [you/he/she] have difficulty remembering? Would you say... [*Read response categories*]

1. Sometimes
2. Often
3. All of the time
7. *Refused*
9. *Don't know*

COG_4 [Do/does] [you/he/she] have difficulty remembering a few things, a lot of things, or almost everything? Would you say... [*Read response categories*]

1. A few things
2. A lot of things
3. Almost everything
7. *Refused*
9. *Don't know*

SELF-CARE

SC_1 [Do/does] [you/he/she] have difficulty with self care, such as washing all over or dressing? Would you say... [*Read response categories*]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do
7. *Refused*
9. *Don't know*

[*Note: This item is Question 5 in the WG Short Set.*]

UPPER BODY

UB_1 [Do/Does] [you/he/she] have difficulty raising a 2 liter bottle of water or soda from waist to eye level? Would you say... [*Read response categories*]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do
7. *Refused*
9. *Don't know*

UB_2 [Do/Does] [you/he/she] have difficulty using [your/his/her] hands and fingers, such as picking up small objects, for example, a button or pencil, or opening or closing containers or bottles? Would you say... [*Read response categories*]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all / Unable to do
7. *Refused*
9. *Don't know*

AFFECT (ANXIETY AND DEPRESSION)

Proxy respondents may be omitted from this section, at country's discretion.

Interviewer: If respondent asks whether they are to answer about their emotional states after taking mood-regulating medications, say: "Please answer according to whatever medication [you were/he was/she was] taking."

ANX_1 How often [do/does] [you/he/she] feel worried, nervous or anxious? Would you say... [*Read response categories*]

1. Daily
2. Weekly
3. Monthly
4. A few times a year
5. Never
7. *Refused*
9. *Don't know*

ANX_2 [Do/Does] [you/he/she] take medication for these feelings?

1. Yes
2. No (*If "Never" to ANX_1 and "No" to ANX_2, skip to DEP_1.*)
7. *Refused*
9. *Don't know*

ANX_3 Thinking about the last time [you/he/she] felt worried, nervous or anxious, how would [you/he/she] describe the level of these feelings? Would [you/he/she] say... [*Read response categories*]

1. A little
2. A lot
3. Somewhere in between a little and a lot
7. *Refused*
9. *Don't know*

DEP_1 How often [do/does] [you/he/she] feel depressed? Would [you/he/she] say...
[*Read response categories*]

1. Daily
2. Weekly
3. Monthly
4. A few times a year
5. Never
7. *Refused*
9. *Don't know*

DEP_2 [Do/Does] [you/he/she] take medication for depression?

1. Yes
2. No (*If "Never" to DEP_1 and "No" to DEP_2, skip to next section.*)
7. *Refused*
9. *Don't know*

DEP_3 Thinking about the last time [you/he/she] felt depressed, how depressed did [you/he/she] feel? Would you say... [*Read response categories*]

1. A little
2. A lot
3. Somewhere in between a little and a lot
7. *Refused*
9. *Don't know*

PAIN

Proxy respondents may be omitted from this section, at country's discretion.

Interviewer: If respondent asks whether they are to answer about their pain when taking their medications, say: "Please answer according to whatever medication [you were/he was/she was] taking."

PAIN_1 In the past 3 months, how often did [you/he/she] have pain? Would you say...
[*Read response categories*]

1. Never (*If "Never" to PAIN_1, skip to next section.*)
2. Some days
3. Most days
4. Every day
7. *Refused*
9. *Don't know*

PAIN_2 Thinking about the last time [you/he/she] had pain, how much pain did [you/he/she] have? Would you say... [*Read response categories*]

1. A little
2. A lot
3. Somewhere in between a little and a lot
7. *Refused*
9. *Don't know*

FATIGUE

Proxy respondents may be omitted from this section, at country's discretion.

TIRED_1 In the past 3 months, how often did [you/he/she] feel very tired or exhausted? Would you say... [*Read response categories*]

1. Never (*If "Never" to TIRED_1, skip to next section.*)
2. Some days
3. Most days
4. Every day
7. *Refused*
9. *Don't know*

TIRED_2 Thinking about the last time [you/he/she] felt very tired or exhausted, how long did it last? Would you say... [*Read response categories*]

1. Some of the day
2. Most of the day
3. All of the day
7. *Refused*
9. *Don't know*

TIRED_3 Thinking about the last time [you/he/she] felt this way, how would you describe the level of tiredness? Would you say... [*Read response categories*]

1. A little
2. A lot
3. Somewhere in between a little and a lot
7. *Refused*
9. *Don't know*