PROPOSED Washington Group General Measure on Disability

Introductory phrase:

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

Core Questions:

- 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

Additional Questions:

- 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. Because of a physical, mental of emotional health condition, do you have difficulty communicating, (for example understanding others or others understanding you)?
 - a. No no difficulty
 - b. Yes some difficulty
 - c. Yes a lot of difficulty
 - d. Cannot do at all

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