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