

WHODAS

Name: _____ Date: _____

Chart # _____

In the past 30 days, how much DIFFICULTY did you have:

Standing for long periods, such as 30 minutes?	None	Mild	Moderate	Severe	Extreme or Cannot do
Taking care of your household responsibilities?	None	Mild	Moderate	Severe	Extreme or Cannot do
Learning a new task, for example, learning how to get to a new place?	None	Mild	Moderate	Severe	Extreme or Cannot do
How much of a problem did you have joining in social activities?	None	Mild	Moderate	Severe	Extreme or Cannot do
How much have you been emotionally affected by your health problems?	None	Mild	Moderate	Severe	Extreme or Cannot do
Concentrating on doing something for ten minutes?	None	Mild	Moderate	Severe	Extreme or Cannot do
Walking a long distance, such as a mile?	None	Mild	Moderate	Severe	Extreme or Cannot do
Washing your whole body?	None	Mild	Moderate	Severe	Extreme or Cannot do
Getting dressed?	None	Mild	Moderate	Severe	Extreme or Cannot do
Dealing with people you do not know?	None	Mild	Moderate	Severe	Extreme or Cannot do
Maintaining a friendship?	None	Mild	Moderate	Severe	Extreme or Cannot do
Your day-to-day work?	None	Mild	Moderate	Severe	Extreme or Cannot do

Overall, in the past 30 days, how many days were these difficulties present?	Number of days: _____
In the past 30 days, how many days did you reduce your usual activities or work because of any health condition?	Number of days: _____
In the past 30 days, for how many days were you totally unable to carry out your usual activities or work because of any health condition?	Number of days: _____