



**World Health Organization  
Disability Assessment Schedule II**

**Phase 2 Field Trials – Health Services Research  
6-Item Proxy Informant Version**

For Office Use Only:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Center# Subject # - Time #

\_\_\_/\_\_\_/\_\_\_  
Day / Month / Year

- |                                |                                       |
|--------------------------------|---------------------------------------|
| Pop:                           | Dwelling:                             |
| <input type="checkbox"/> Gen   | <input type="checkbox"/> Independent  |
| <input type="checkbox"/> Drg   | <input type="checkbox"/> Assisted     |
| <input type="checkbox"/> Alc   | <input type="checkbox"/> Hospitalized |
| <input type="checkbox"/> Mnh   |                                       |
| <input type="checkbox"/> Phys  |                                       |
| <input type="checkbox"/> Other |                                       |

This questionnaire asks about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs.

Think back over the last 30 days and, to the best of your knowledge, answer these questions thinking about how much difficulty your relative\* had while doing the following activities. For each question, please circle only one response.

(\* This term is defined broadly for the purpose of this questionnaire, and can include friends or acquaintances.)

H1	How do you rate your relative's <u>overall health in the past 30 days?</u>	Very good	Good	Moderate	Bad	Very Bad
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In the last 30 days, <u>how much difficulty</u> did your relative have in...						
CS1	<u>Understanding and communicating.</u> <ul style="list-style-type: none"> <li>Concentrating or remembering</li> <li>Finding solutions to problems</li> <li>Learning something new</li> <li>Generally understanding and communicating with people</li> </ul>	None	Mild	Moderate	Severe	Extreme/ Cannot Do
CS2	<u>Getting around.</u> <ul style="list-style-type: none"> <li>Standing for long periods</li> <li>Standing up from sitting down</li> <li>Moving around inside the home</li> <li>Getting out of the home</li> <li>Difficulty with walking a long distance such as a kilometer</li> </ul>	None	Mild	Moderate	Severe	Extreme/ Cannot Do
CS3	<u>Self care.</u> <ul style="list-style-type: none"> <li>Washing his/her whole body</li> <li>Getting dressed</li> <li>Eating</li> <li>Staying alone for a few days</li> </ul>	None	Mild	Moderate	Severe	Extreme/ Cannot Do
CS4	<u>Getting along with people.</u> <ul style="list-style-type: none"> <li>Dealing with people who are strangers</li> <li>Maintaining a friendship</li> <li>Getting along with people who are close</li> <li>Controlling feelings</li> </ul>	None	Mild	Moderate	Severe	Extreme/ Cannot Do
CS5	<u>Household activities or work or school activities.</u> <ul style="list-style-type: none"> <li>Getting these activities done</li> <li>Doing these activities well</li> <li>Doing them as quickly as needed</li> </ul>	None	Mild	Moderate	Severe	Extreme/ Cannot Do

*Please continue to the next page ...*

In the last 30 days, <u>how much difficulty</u> did your relative have in...						
CS6	<u>Participation in society.</u> <ul style="list-style-type: none"> <li>• The world and other people creating problems</li> <li>• Discrimination</li> <li>• Problems in living with dignity</li> <li>• Problems joining in community activities</li> </ul>	None	Mild	Moderate	Severe	Extreme/ Cannot Do

H2	Overall, how much did all of these difficulties interfere with your relative's life?	Not at all	Mildly	Moderately	Severely	Extremely
H3	Overall, in the past 30 days, <u>how many days</u> were these difficulties present?	RECORD NUMBER OF DAYS ___/___				
H4	In the past 30 days, for how many days was your relative <u>totally unable</u> to carry out his/her usual activities or work because of any health condition?	RECORD NUMBER OF DAYS ___/___				
H5	In the past 30 days, not counting the days that your relative was totally unable, for how many days did your relative <u>cut back</u> or <u>reduce</u> his/her usual activities or work because of any health condition?	RECORD NUMBER OF DAYS ___/___				
H6	In the past 30 days, how many days have you seen or spoken with your relative?	RECORD NUMBER OF DAYS ___/___				
H7	I am the _____ (choose one) of this person.	1 = husband or wife 2 = parent 3 = son or daughter 4 = brother or sister 5 = other relative 6 = friend 7 = professional carer 8 = other (specify) _____				

*This completes the questionnaire. Thank you.*