



DISABILITY ASSESSMENT SCHEDULE

Training Manual: A Guide to Administration

**World Health Organization
Classification, Assessment, and Survey Team (CAS)
Global Programme on Evidence for Health Policy (GPE)**

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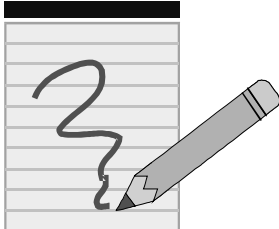
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OVERVIEW

Manual Goals

The purpose of this guide is to assist you to learn how to administer correctly and effectively the various versions of the WHODAS II.

Throughout the guide, you will find this symbol:



When you see this symbol, it means that there are questions for you to answer, or an activity for you to do. These exercises will help you to learn the material better, so be sure to complete them as you read the guide.

What's Inside...

Each section of the training manual is designed to assist in learning about one aspect of the WHODAS II. Following is a breakdown of each section and its goals.

Part 1: Introduction

1.1 Why is Disability Assessment Important?

This section provides an overview of the importance of disability assessment in measuring health status and clinical outcomes.

1.2 WHODAS II Background and Rationale

The history of the development of the WHODAS II is explained, along with the uses of this instrument.

1.3 WHODAS II Versions

Describes the various versions of the instrument, and appropriate usage for each. Differences are explained between self-administered, interviewer-administered, and proxy versions.

1.4 WHODAS II Translations

Lists the languages into which the instrument has been translated, and provides information for those who would like to translate the WHODAS II.

Part 2: Administering the WHODAS II

A. General Information

This section provides instructions applicable to each of the instrument versions.

2.1 Standardization

Describes the importance and the methods of standardization.

2.2 Privacy

Describes the importance of and methods to ensure privacy for all participants.

2.3 Frame of Reference for Answering

Reiterates the framework of questions for the WHODAS II, explaining that questions should be answered in terms of the degree of difficulty due to health conditions in the past 30 days, averaging good and bad days, as s/he usually does the activity.

B. Specifications for Self-Administered Versions

Instructions in this section pertain only to those versions of the WHODAS II that are self-administered (including self-administered proxy versions).

2.4 Completing the Forms

The self-administered versions of the WHODAS II have specific coding requirements. This section explains in detail how to complete the forms for data tracking purposes.

C. Specifications for Interviewer-Administered Versions

Instructions in this section pertain only to those versions of the WHODAS II that are interviewer-administered (including interviewer-administered proxy versions).

2.5 General Interviewing Instructions

Reviews interviewing procedures.

2.6 Typographical Conventions

Explains the formatting of the WHODAS II, and differentiates between text to be read to the respondent and instructions to the interviewer.

2.7 Flashcards

Explains the appropriate use of the flashcards, including the flashcards are used with various WHODAS II versions.

2.8 How to Ask the Questions

Describes the standardized method of asking questions of respondents.

2.9 How to Clarify Unclear Responses

This section describes the standardized methods for clarifying and probing.

2.10 How to Record Data

This section explains the proper procedures for completing the interview forms.

Part 3: Problems and Solutions

This section contains answers to problems that may arise during the administration of the WHODAS II.

Part 4: Test Yourself

This section provides an opportunity to review the material contained within the training manual and take a short test. Answers are provided, along with the section number that explains the content area so that missed questions can be found and reviewed in the manual text.

Part 5: A Final Word

Recaps the key information in the training manual.

Annex 1: Glossary

This section provides definitions for commonly used terms within the WHODAS II and the training manual.

Annex 2: Question by Question Specification

This section presents each question of the WHODAS II, and specifies its goals, along with instructions on how to apply these concepts cross-culturally.

PART 1:

INTRODUCTION

-
- 1.1 Why is Disability Assessment Important?
 - 1.2 WHODAS II Background and Rationale
 - 1.3 WHODAS II Versions
 - 1.4 Translations
-

1.1 Why is Disability Assessment Important?

As a busy professional, you are already occupied with many day to day tasks. You may wonder if you have the time to learn and use a new disability measure, or even whether it is that important.

Consider these facts:

Medical diagnosis alone fails to predict:

- service needs
- length of hospitalization
- level of care
- outcome of hospitalization
- receipt of disability benefits
- work performance
- social integration

On the other hand, diagnosis + disability can predict:

- health service utilization
- length of hospitalization
- improvement in functioning after hospitalization
- return to work
- work performance

Disability Assessment is useful for health care and policy decisions:

- identifying needs
- matching treatments - interventions
- measuring outcomes and effectiveness
- setting priorities
- resource allocations

Whether you are a clinician, researcher, or administrator, disability assessment can help you meet your goals.

1.2 WHODAS II Background and Rationale

The WHODAS II has been developed to assess the activity limitations and participation restrictions experienced by an individual irrespective of medical diagnosis. Respondents are asked to state the level of difficulty experienced taking into consideration how they usually do the activity, including the use of any assistive devices and/or the help of a person. The domains included in the instrument are:

- Understanding and communicating
- Getting around
- Self care
- Getting along with people
- Life activities
- Participation in society

This measure remains under development, and final versions are expected to be released in 2001. For the latest information and updates, please visit the WHODAS II web site at <http://www.who.int/icidad/whodas>.

Development of this instrument is a result of collaborations between the World Health Organization (WHO), National Institute on Mental Health (NIMH), National Institute on Alcohol Abuse and Alcoholism (NIAAA), and National Institute on Drug Abuse (NIDA). This project is known as the WHO/NIH Joint Project on Assessment and Classification of Disablement.

1.3 WHODAS II Versions

Several versions of the WHODAS II are available. These include interviewer-administered versions, self-administered versions, and proxy versions. Varying lengths are also offered. All things being equal, we recommend the **36-item, interviewer-administered version** because it provides the most complete profiling of respondents. If, due to time constraints and/or study design, it is not feasible to utilise a 36-item interviewer-administered version, other versions are good alternatives.

INTERVIEWER-ADMINISTERED

36 ITEM

This is the recommended version of the WHODAS II. This version provides the most complete assessment of functioning. Scores for six domains of functioning, as well as an overall functioning score, can be calculated.

For each item that is positively endorsed, a follow-up question asks about the number of days (in the past 30 days) the respondent has experienced this difficulty. The day codes version assesses number of days using a five-point ordinal scale, while the days version simply asks the respondent to report the actual number of days the difficulty was present.

12 ITEM

This shorter version is useful for brief assessments of overall functioning.

12+24 SCREENER

This version uses 12 items to screen for problematic domains of functioning. Based on responses to the initial 12 items, respondents are given up to 24 additional questions.

For each item that is positively endorsed, a follow-up question asks about the number of days (in the past 30 days) the respondent has experienced this difficulty. The day codes version assesses number of days using a five-point ordinal scale, while the days version simply asks the respondent to report the actual number of days the difficulty was present.

SELF-ADMINISTERED

36 ITEM

This version assesses all six domains of functioning, and provides detailed information regarding difficulties in these areas. An overall functioning score also can be calculated.

12 ITEM

This shorter, self-administered version can be used when domain-specific information regarding functioning is not required.

PROXY VERSIONS

6 ITEM SELF-ADMINISTERED PROXY

The 6-item, self-administered, proxy version allows someone other than the primary respondent to provide their evaluation of the primary respondent's difficulties with functioning. This version can be used when the primary respondent cannot complete a self-evaluation, or to allow for comparisons of perceptions of difficulty. This version can be completed by family members, friends, or anyone with frequent contact with the primary respondent, such as caregivers.

6 ITEM SELF-ADMINISTERED CLINICIAN

This version allows the primary-respondent's clinician to provide input regarding the primary respondent's level of functioning.

36 ITEM SELF-ADMINISTERED PROXY

The 36-item, self-administered, proxy version allows someone other than the primary respondent to provide their evaluation of the primary respondent's difficulties with functioning. The 36-items are virtually identical to the 36-item primary respondent versions. Scores can be calculated for each of the six domains of functioning, as well as for overall functioning.

36 ITEM INTERVIEWER-ADMINISTERED PROXY

The 36-item, interviewer-administered, proxy version allows someone other than the primary respondent to provide their evaluation of the primary respondent's difficulties with functioning. The 36-items are virtually identical to the 36-item primary respondent versions. Scores can be calculated for each of the six domains of functioning, as well as for overall functioning.

1.4 TRANSLATIONS

Currently, the WHODAS II is available in the following languages:

Arabic	Dutch	English
French	German	Greek
Hindi	Italian	Kannada
Mandarin	Romanian	Russian
Spanish	Tamil	Turkish
Yoruba		

If you would like to utilise one of our translations, or create another translation of the WHODAS II, you must first receive written permission. To request permission, send an email to whodas@who.int.

PART 2:

ADMINISTERING

THE WHODAS II

A. General Information

Information in this section pertains to all of the WHODAS II versions.

{tc \11 "Components}

- 2.1 Standardization
 - 2.2 Privacy
 - 2.3 Frame of Reference for Answering
-

2.1 Standardization

Standardization means that you should conduct the WHODAS II interview the same way with each participant. Why? Standardization helps to ensure that differences in participants' responses are not due to differences in how the interview is conducted. For example, if an interviewer administers the WHODAS II to some participants in a group situation, but to others alone, then it is possible that differences in responses are due solely to this different interview format. The same principle is true between interviewers: if one interviewer is very friendly to participants, while another is distant, then participants may give different types of responses.

Clear training in standardized procedures helps to prevent these possibilities. Many guidelines for standardized administration of the WHODAS II are given in this manual. Be sure to read and follow them carefully.

The key to success is ensuring that all versions of the WHODAS II are administered the same way every time. This is the essence of standardization.

2.2 Privacy

It is essential that each participant is provided privacy to ensure a high comfort level, and in turn, the most accurate responses. If the WHODAS II is administered in a waiting room, for example, ensure that there is enough space between participants to avoid participant's responses being seen by another respondent. In the instances where the WHODAS II is administered through interviews, conduct the interview in a closed room where responses cannot be overheard by anyone else.

2.3 Frame of Reference for Answering

Objectives: After reading this section on frame of reference for answering, you will be able to:

1. State the 6 points respondents should take into consideration while answering the WHODAS II questions.
2. Distinguish between “cannot do” and “not applicable” answers.

The Frame of reference for answering questions in the WHODAS II....

- 1) Degree of difficulty
- 2)...due to health conditions
- 3)...in the past 30 days
- 4)...averaging good and bad days
- 5)...as s/he usually does the activity
- 6) Items not experienced in the past 30 days are not rated

For all WHODAS II versions, respondents should answer questions with the following frames of reference in mind. *Interviewers should remind respondents as needed about these frames of reference.*

1) Degree of difficulty

During the interview, respondents are asked to answer questions about the degree of difficulty that they have doing different activities.

For the WHODAS II, having difficulty with an activity means:

- Increased effort
- Discomfort or pain
- Slowness
- Changes in the way the person does the activity

2) ... due to health conditions

Respondents are instructed to answer about difficulties due to any health condition.

Health Condition means:

- Diseases, illnesses or other health problems
- Injuries
- Mental or emotional problems
- Problems with alcohol
- Problems with drugs

Interviewers should feel free to liberally remind respondents that they are to answer questions while thinking about difficulty due to health conditions, and not to consider other causes of difficulty with activities.

Example:

Item D3.1: How much difficulty did you have in washing your whole body?

None	Mild	Moderate	Severe	Extreme /Cannot Do
1	2	3	4	5

If a respondent has difficulty with bathing because it is cold, not due to a health condition, the item would be rated "1" for none.

3) ... in the past 30 days

Research shows that recall abilities are most accurate for the period of one month. As a result, the past 30 days has been selected as the timeframe for the WHODAS II.

4) ... averaging good and bad days

Some respondents will experience variability in the degree of difficulty that they experience over 30 days. In these cases, respondents should be instructed to give a rating that averages good days and bad days.

5) ... as s/he usually does the activity

Respondents should rate the difficulty experienced taking into consideration how they *usually* do the activity. If assistive devices and/or the help of a person (personal assistance) are normally available, respondents should answer keeping this help in mind.

Example:

Item D3.1: How much difficulty did you have in washing your whole body?

None	Mild	Moderate	Severe	Extreme /Cannot Do
1	2	3	4	5

A respondent with a spinal cord injury has a personal assistant who helps daily with bathing. With the assistant's help, the respondent experiences no difficulty with washing his whole body. In this case, the item would be rated "1" for none.

6) Items not experienced in the past 30 days are not rated

The WHODAS II seeks to determine the amount of difficulty encountered in activities that a person actually does as opposed to activities that s/he would like to do or those s/he can do, but doesn't.

If a respondent is prevented from doing an activity due to a health condition, the item should be rated "5" for extreme/cannot do.

Example:

Item D2.5: How much difficulty did you have in walking a long distance such as one kilometer?

None	Mild	Moderate	Severe	Extreme /Cannot Do
1	2	3	4	5

A respondent cannot walk one kilometre because she has a leg fracture. In this case, the item would be rated "5" for extreme/cannot do.

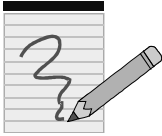
If a respondent has not experienced an activity, but this is not due to a health condition, then the item would be coded "N/A" for not applicable.

Example:

Item D3.4: How much difficulty did you have in staying by yourself for a few days?

None	Mild	Moderate	Severe	Extreme /Cannot Do
1	2	3	4	5

A respondent lives with her family and has not been alone for a few days in the past 30 days. In this case, the item would be coded "N/A" for not applicable.



Exercise 2-1

1. Standardization means that you administer the interview using the same procedures every time.
 - a. True
 - b. False

2. In the WHODAS II, health conditions include physical and mental illnesses, injuries, but not alcohol or drug problems.
 - a. True
 - b. False

3. Respondents should answer questions taking into account the degree of difficulty they experience _____ the use of assistive devices and/or personal assistants.
 - a. with
 - b. without

4. Respondents should answer questions taking into account the worst day(s) they have experienced in the last 30 days.
 - a. True
 - b. False

5. A respondent answers that she has not attempted to learn new tasks in the past 30 days. Upon probing by the interviewer, she clarifies that this is not due to a health condition. This response should be rated:
 - a. not applicable
 - b. extreme/cannot do

How did you do? 1: a; 2: b; 3: a; 4: b; 5: a

B. Self-Administered Version Specifications

This section pertains **only** to the **self-administered versions** of the WHODAS II, and contains instructions specific to these versions, including self-administered proxy versions.

{tc \11 "Components}

- 2.4 Completing the Forms
-

2.4 Completing the Forms

Objectives: After completing this section on completing the forms, you will be able to:

1. Identify and properly complete the “For Office Use Only” Section of the self-administered version of the WHODAS II.

A section entitled “For Office Use Only” is located in the upper right corner of each of the self-administered versions of the WHODAS II. This section of the training manual describes each portion of that area, and how to correctly complete the information. This section should be completed before the participant completes the questionnaire.

The first line looks like this:

___ - ___ - ____
Centre# Subject# - Time#

The **Centre #** is the three-digit number which was assigned to your research centre upon agreement of collaboration. If you have forgotten your centre number, it may be found on the WHODAS II web site, located at <http://www.who.int/icidh/whodas> . Click on the “Field Trials Centres” link, and your centre number will be listed next to your centre name.

The **Subject #** is the *unique* three-digit number which you should assign to that particular participant. It is imperative that the number assigned to the respondent is recorded exactly the same way for all interviews, to ensure reliability.

Time

Time refers to the time point of the interview, whether it is the first, second, or nth time the respondent has completed the measure.

Date

Please respond using the European standard of writing the date, which is Day/Month/Year, and filling in blanks with zeros. For example, February 4, 2000 would be written as 04/02/00, not 02/04/00.

Pop

Pop stands for population, and refers to the primary category of the respondent.

Gen = General Population
Alc = Alcohol-related Problem

Drg = Drug-related Problem
Mnh = Mental or Emotional Problem

Phys = Physical Problem

Other = Other Category

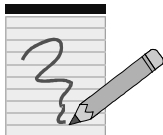
Dwelling

Dwelling means the type of residence in which the respondent resides.

Independent = respondent lives on his/her own, with family, or friends in the community.

Assisted = respondent lives in the community but receives regular assistance with at least some daily activities (e.g. shopping, bathing, meal preparation). This may include physical help, verbal reminders or cues, supervision, or psychosocial assistance. Assistance may be provided from a family member, friend, or professional carer.

Hospitalized = respondent resides in a 24-hour supervised setting (e.g. nursing home, hospital, rehabilitation facility).



Exercise 2.2

1. Each participant is assigned a different subject number each time he completes the interview.
 - a. True
 - b. False
2. The date is to be written in the European format of day/month/year.
 - a. True
 - b. False
3. If a respondent lives on her own, but has a home health aide visit twice a week to assist with bathing, the respondent's dwelling status would be rated as:
 - a. independent
 - b. assisted
 - c. hospitalized

How did you do? 1: b 2: a 3: b

C. Interviewer-Administered Version Specifications

This section pertains **only** to the **interviewer-administered versions**, and contains information specific to these versions, including interviewer-administered proxy versions.

2.5 General Interviewing Instructions

As you prepare to administer the WHODAS II, it is useful to review some general points about interviewing.

General Interviewing Tips

Keep the following points in mind:

- ❑ You should be serious, pleasant, and self-confident. Nervousness can make the respondent feel uneasy.
- ❑ You should speak slowly and clearly to set the tone for the interview.
- ❑ You should appear interested in the research.
- ❑ You should be aware that different respondents require different amounts of information about the study, and adjust your introductions accordingly.

Make a Good Introduction

A good introduction to the WHODAS II interview is essential. It communicates the goals of the interview and sets the tone of the interaction. Be sure to include the following points in your introduction:

- ❑ Your name and professional affiliation.
- ❑ You are a professional interviewer/clinician.
- ❑ You represent a legitimate and reputable organization.
- ❑ The questionnaire is for gathering information for important, worthwhile research.
- ❑