

## The Washington Group Short Set of Questions on Disability

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