



## World Health Organisation Disability Assessment Schedule - Children and Youth version (WHODAS-Child)

### Instructions:

This question asks about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems may be short or long-lasting, injuries, mental or emotional problems.

Think back over the past 30 days and answer these questions, thinking about how much difficulty you had doing the following activities.

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

		None	Mild	Moderate	Severe	Extreme or cannot do
1	Concentrating for 10 minutes at a time or more while doing homework, playing a game, or doing something you were asked to do?	0	1	2	3	4
2	Remembering to do important things, such as crossing the street safely, taking the right books to school, and remembering to do homework assignments?	0	1	2	3	4
3	Finding a way to deal with common, everyday problems that other people your age can manage?	0	1	2	3	4
4	Learning how to do something new, for example, how to play a new game, or learning something new at school?	0	1	2	3	4
5	Generally understanding what people say?	0	1	2	3	4
6	Telling your family or friends about things you have done, or people you have met, or places you have been?	0	1	2	3	4
7	Standing for a reasonable period of time, for example, in PE or school assembly, or church/temple?	0	1	2	3	4
8	Getting up from a sitting position?	0	1	2	3	4
9	Moving around inside your home?	0	1	2	3	4
10	Getting around at school or at a friend's?	0	1	2	3	4
11	Walking for as long a distance as other people your age can?	0	1	2	3	4
12	Keeping yourself and your clothes clean, taking baths or showers, and brushing your teeth without being asked?	0	1	2	3	4
13	Getting dressed on your own?	0	1	2	3	4
14	Eating meals without help?	0	1	2	3	4



		None	Mild	Moderate	Severe	Extreme or cannot do
15	Staying safe when you are alone or not putting him/herself in danger when there are no adults around?	0	1	2	3	4
16	Getting along with people you do not know well?	0	1	2	3	4
17	Keeping a friendship?	0	1	2	3	4
18	Getting along with family members?	0	1	2	3	4
19	Making new friends?	0	1	2	3	4
20	Getting along with your teachers or adults who aren't in your family?	0	1	2	3	4
21	Doing chores or other things you are expected to do at home to help out?	0	1	2	3	4
22	Finishing chores or home activities that you are supposed to do?	0	1	2	3	4
23	Doing chores or other home activities well?	0	1	2	3	4
24	Doing these home activities quickly when it is important?	0	1	2	3	4
25	<small>If you go to school, complete questions 25-29 below. Otherwise, skip to question 30. Because of your health condition, in the past 30 days, how much difficulty did you have in: Doing your regular school assignments?</small>	0	1	2	3	4
26	Studying for important school tests?	0	1	2	3	4
27	Completing all of the school assignments and activities that you needed to do?	0	1	2	3	4
28	Getting your school work done as quickly as needed?	0	1	2	3	4
29	Following the rules or fitting in with others?	0	1	2	3	4
30	Joining in on community activities (e.g., clubs, religious groups, after-school activities)?	0	1	2	3	4
		None	Mild	Moderate	Severe	Extreme
31	Getting invited to parties, play dates, hanging out?	0	1	2	3	4
		None	A little	Some	Quite a bit	A lot/Nearly all the time
32	How much time do your parents or other family members spend on your health condition problems?	0	1	2	3	4



	None	Mild	Moderate	Severe	Extreme	
33	How much have you been upset by your health condition?	0	1	2	3	4
34	How much of a problem do you have in doing things you enjoy or relaxing by yourself?	0	1	2	3	4
35	In the past 30 days, how much did your difficulties get in the way of your life?	0	1	2	3	4
36	In the past 30 days, how many days were your difficulties present?					
37	In the past 30 days, how many days were you totally unable to carry out your usual activities or school/work because of your health condition?					
38	In the past 30 days, not counting your answer in number 37, how many days did you cut back or reduce your usual activities or school/work because of your health condition?					
39	In the past 30 days, how many days were you absent from school/work?					
40	In the past 30 days, how many days were you late for school/work?					

**Developer Reference:**

Scorza, P., Stevenson, A., Canino, G., Mushashi, C., Kanyanganzi, F., Munyanah, M., & Betancourt, T. (2013). Validation of the “World Health Organization Disability Assessment Schedule for children, WHODAS-Child” in Rwanda. *PloS One*, 8(3), e57725–e57725. <https://doi.org/10.1371/journal.pone.0057725>

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