South African Census question on disability

Do you have any serious disability that prevents your full participation in life activities (such as education, work, social life)? *MARK ANY THAT APPLY.*

a) None  
b) Sight  
c) Hearing  
d) Communication  
e) Physical  
f) Intellectual  
g) Emotional

Washington Group Short Set of questions on disability

**Introductory phrase:**
The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM.

**Response options:**
a. No - no difficulty  
b. Yes – some difficulty  
c. Yes – a lot of difficulty  
d. Cannot do at all

1. Do you have difficulty seeing, even if wearing glasses?  
2. Do you have difficulty hearing, even if using a hearing aid?  
3. Do you have difficulty walking or climbing steps?  
4. Do you have difficulty remembering or concentrating?  
5. Do you have difficulty (with self-care such as) washing all over or dressing?  
6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?