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The social life of questionnaires: exploring respondents' understanding and interpretation of disability measures

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Washington Group Extended Set of questions on disability

[Only the first question of each of the 10 domains is presented here.] Response options are the same as for the WG SS unless specified.

1. Do you have difficulty seeing, even when wearing glasses?
2. Do you have difficulty hearing, even if using a hearing aid?
3. Do you have any difficulty walking or climbing steps?
4. Using you usual language, do you have difficulty communicating, for example understanding or being understood?
5. Do you have difficulty remembering or concentrating?
6. Do you have difficulty with self care, such as washing all over or dressing?
7. How often do you feel worried, nervous or anxious? Daily, Weekly, Monthly, A few times a year, or Never?
   1) Daily
   2) Weekly
   3) Monthly
   4) A few times a year
   5) Never
8. How often do you feel depressed? Daily, weekly, monthly, a few times a year, or never?
   1) Daily
   2) Weekly
   3) Monthly
   4) A few times a year
   5) Never
9. a) Do you have frequent pain? Yes/no
   b) In the past 3 months, how often did you have pain? Some days, most days, or every day, or never?
10. a) Do you have frequent feelings of being tired? Yes/no
    b) In the past 3 months, how often did you feel tired? Some days, most days, or every day, or never?