## 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?