

DASS

Name:

Date:

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

| | | | | | |
|----|--|---|---|---|---|
| 1 | I found myself getting upset by quite trivial things | 0 | 1 | 2 | 3 |
| 2 | I was aware of dryness of my mouth | 0 | 1 | 2 | 3 |
| 3 | I couldn't seem to experience any positive feeling at all | 0 | 1 | 2 | 3 |
| 4 | I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion) | 0 | 1 | 2 | 3 |
| 5 | I just couldn't seem to get going | 0 | 1 | 2 | 3 |
| 6 | I tended to over-react to situations | 0 | 1 | 2 | 3 |
| 7 | I had a feeling of shakiness (eg, legs going to give way) | 0 | 1 | 2 | 3 |
| 8 | I found it difficult to relax | 0 | 1 | 2 | 3 |
| 9 | I found myself in situations that made me so anxious I was most relieved when they ended | 0 | 1 | 2 | 3 |
| 10 | I felt that I had nothing to look forward to | 0 | 1 | 2 | 3 |
| 11 | I found myself getting upset rather easily | 0 | 1 | 2 | 3 |
| 12 | I felt that I was using a lot of nervous energy | 0 | 1 | 2 | 3 |
| 13 | I felt sad and depressed | 0 | 1 | 2 | 3 |
| 14 | I found myself getting impatient when I was delayed in any way (eg, elevators, traffic lights, being kept waiting) | 0 | 1 | 2 | 3 |
| 15 | I had a feeling of faintness | 0 | 1 | 2 | 3 |
| 16 | I felt that I had lost interest in just about everything | 0 | 1 | 2 | 3 |
| 17 | I felt I wasn't worth much as a person | 0 | 1 | 2 | 3 |
| 18 | I felt that I was rather touchy | 0 | 1 | 2 | 3 |
| 19 | I perspired noticeably (eg, hands sweaty) in the absence of high temperatures or physical exertion | 0 | 1 | 2 | 3 |
| 20 | I felt scared without any good reason | 0 | 1 | 2 | 3 |
| 21 | I felt that life wasn't worthwhile | 0 | 1 | 2 | 3 |

DASS

Client Initials: _____

Reminder of rating scale:

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

| | | | | | |
|----|--|---|---|---|---|
| 22 | I found it hard to wind down | 0 | 1 | 2 | 3 |
| 23 | I had difficulty in swallowing | 0 | 1 | 2 | 3 |
| 24 | I couldn't seem to get any enjoyment out of the things I did | 0 | 1 | 2 | 3 |
| 25 | I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat) | 0 | 1 | 2 | 3 |
| 26 | I felt down-hearted and blue | 0 | 1 | 2 | 3 |
| 27 | I found that I was very irritable | 0 | 1 | 2 | 3 |
| 28 | I felt I was close to panic | 0 | 1 | 2 | 3 |
| 29 | I found it hard to calm down after something upset me | 0 | 1 | 2 | 3 |
| 30 | I feared that I would be "thrown" by some trivial but unfamiliar task | 0 | 1 | 2 | 3 |
| 31 | I was unable to become enthusiastic about anything | 0 | 1 | 2 | 3 |
| 32 | I found it difficult to tolerate interruptions to what I was doing | 0 | 1 | 2 | 3 |
| 33 | I was in a state of nervous tension | 0 | 1 | 2 | 3 |
| 34 | I felt I was pretty worthless | 0 | 1 | 2 | 3 |
| 35 | I was intolerant of anything that kept me from getting on with what I was doing | 0 | 1 | 2 | 3 |
| 36 | I felt terrified | 0 | 1 | 2 | 3 |
| 37 | I could see nothing in the future to be hopeful about | 0 | 1 | 2 | 3 |
| 38 | I felt that life was meaningless | 0 | 1 | 2 | 3 |
| 39 | I found myself getting agitated | 0 | 1 | 2 | 3 |
| 40 | I was worried about situations in which I might panic and make a fool of myself | 0 | 1 | 2 | 3 |
| 41 | I experienced trembling (eg, in the hands) | 0 | 1 | 2 | 3 |
| 42 | I found it difficult to work up the initiative to do things | 0 | 1 | 2 | 3 |



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

36-item version, self-administered

This questionnaire asks about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs.

Think back over the past 30 days and answer these questions, thinking about how much difficulty you had doing the following activities. For each question, please circle only one response.

| In the past <u>30 days</u> , how much <u>difficulty</u> did you have in: | | | | | | |
|--|---|------|------|----------|--------|----------------------|
| Understanding and communicating | | | | | | |
| D1.1 | <u>Concentrating</u> on doing something for <u>ten minutes</u> ? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D1.2 | <u>Remembering</u> to do <u>important things</u> ? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D1.3 | <u>Analysing and finding solutions to problems</u> in day-to-day life? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D1.4 | <u>Learning a new task</u> , for example, learning how to get to a new place? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D1.5 | <u>Generally understanding</u> what people say? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D1.6 | <u>Starting and maintaining a conversation</u> ? | None | Mild | Moderate | Severe | Extreme or cannot do |
| Getting around | | | | | | |
| D2.1 | <u>Standing for long periods</u> such as <u>30 minutes</u> ? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D2.2 | <u>Standing up</u> from sitting down? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D2.3 | <u>Moving around inside your home</u> ? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D2.4 | <u>Getting out</u> of your <u>home</u> ? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D2.5 | <u>Walking a long distance</u> such as a <u>kilometre</u> [or equivalent]? | None | Mild | Moderate | Severe | Extreme or cannot do |

Please continue to next page ...



| In the past <u>30 days</u> , how much <u>difficulty</u> did you have in: | | | | | | |
|--|---|------|------|----------|--------|----------------------|
| Self-care | | | | | | |
| D3.1 | <u>Washing your whole body?</u> | None | Mild | Moderate | Severe | Extreme or cannot do |
| D3.2 | Getting <u>dressed</u> ? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D3.3 | <u>Eating</u> ? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D3.4 | Staying <u>by yourself</u> for a <u>few days</u> ? | None | Mild | Moderate | Severe | Extreme or cannot do |
| Getting along with people | | | | | | |
| D4.1 | <u>Dealing</u> with people <u>you do not know</u> ? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D4.2 | <u>Maintaining a friendship</u> ? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D4.3 | <u>Getting along</u> with people who are <u>close</u> to you? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D4.4 | <u>Making new friends</u> ? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D4.5 | <u>Sexual activities</u> ? | None | Mild | Moderate | Severe | Extreme or cannot do |
| Life activities | | | | | | |
| D5.1 | Taking care of your <u>household responsibilities</u> ? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D5.2 | Doing most important household tasks <u>well</u> ? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D5.3 | Getting all the household work <u>done</u> that you needed to do? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D5.4 | Getting your household work done as <u>quickly</u> as needed? | None | Mild | Moderate | Severe | Extreme or cannot do |

Please continue to next page ...



If you work (paid, non-paid, self-employed) or go to school, complete questions D5.5–D5.8, below. Otherwise, skip to D6.1.

| Because of your health condition, in the past <u>30 days</u> , how much <u>difficulty</u> did you have in: | | | | | | |
|--|---|------|------|----------|--------|----------------------|
| D5.5 | Your day-to-day <u>work/school</u> ? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D5.6 | Doing your most important work/school tasks <u>well</u> ? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D5.7 | Getting all the work <u>done</u> that you need to do? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D5.8 | Getting your work done as <u>quickly</u> as needed? | None | Mild | Moderate | Severe | Extreme or cannot do |

| Participation in society | | | | | | |
|---------------------------------|--|------|------|----------|--------|----------------------|
| In the past <u>30 days</u> : | | | | | | |
| D6.1 | How much of a problem did you have in <u>joining in community activities</u> (for example, festivities, religious or other activities) in the same way as anyone else can? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D6.2 | How much of a problem did you have because of <u>barriers or hindrances</u> in the world around you? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D6.3 | How much of a problem did you have <u>living with dignity</u> because of the attitudes and actions of others? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D6.4 | How much <u>time</u> did <u>you</u> spend on your health condition, or its consequences? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D6.5 | How much have <u>you</u> been <u>emotionally affected</u> by your health condition? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D6.6 | How much has your health been a <u>drain on the financial resources</u> of you or your family? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D6.7 | How much of a problem did your <u>family</u> have because of your health problems? | None | Mild | Moderate | Severe | Extreme or cannot do |
| D6.8 | How much of a problem did you have in doing things <u>by yourself</u> for <u>relaxation or pleasure</u> ? | None | Mild | Moderate | Severe | Extreme or cannot do |

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Client Initials: _____



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

36

Self

| | | |
|----|--|-----------------------------------|
| H1 | Overall, in the past 30 days, <u>how many days</u> were these difficulties present? | Record number of days ____ |
| H2 | In the past 30 days, for how many days were you <u>totally unable</u> to carry out your usual activities or work because of any health condition? | Record number of days ____ |
| H3 | In the past 30 days, not counting the days that you were totally unable, for how many days did you <u>cut back</u> or <u>reduce</u> your usual activities or work because of any health condition? | Record number of days ____ |

This completes the questionnaire. Thank you.

Client Name (Include middle Init): _____

Date: _____

HOW HEALTHY ARE YOUR BOUNDARIES?

Place a "1" next to the following questions where they apply to you

- ___ 1. I often feel guilty about not doing enough for my parents or my spouse.
- ___ 2. I feel responsible for making other people happy—my spouse, my parents, my children.
- ___ 3. I often share personal information with other people when it is not of their business.
- ___ 4. I feel uncomfortable making my own decisions in life.
- ___ 5. I often go along with the plans of others, even when I want to do something else.
- ___ 6. I often feel I must defend the actions of my parents or my spouse to other people.
- ___ 7. I do a lot of work for other people, but I hate to ask anyone to do a favor for me.
- ___ 8. My parents discouraged me from moving away from home.
- ___ 9. I wish I didn't have the responsibilities of an adult.

Place a "2" next to the questions that apply to you

- ___ 10. When people criticize me, I accept what they say as true and feel bad about myself.
- ___ 11. I often think about mistakes I have made and feel bad about myself.
- ___ 12. I feel I can't trust God and feel afraid of Him.
- ___ 13. My parents frequently shared intimate secrets with me.
- ___ 14. I was the favorite child of one of my parents.
- ___ 15. My parents did not want me to date or to marry.
- ___ 16. One of my parents seemed overly interested in my sexuality and my body.

Place a "3" next to the statements which apply to you

- ___ 17. One of my parents preferred my company to their spouse.
- ___ 18. I was physically, sexually, verbally, or emotionally abused as a child.
- ___ 19. I have been in two or more relationships where I have been physically, sexually or emotionally abused.

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