

WHODAS 2 Children & Youth

To be completed by youth 11 and older. To be completed by parent/guardian for 10 and under.

Patient name: _____ **Age:** _____ **Sex:** _____ **Date:** _____

This questionnaire asks about problems you may have due to health/mental health conditions. Conditions include diseases, illnesses, short- or long-lasting injuries, mental or emotional problems, or problems with alcohol or drugs. Think back over the last 30 days and answer these questions, thinking about how much difficulty you have had doing the following activities. Please circle only one response for each question.

Numeric scores assigned to each of the items:						<i>Clinician Use Only</i>		
	1	2	3	4	5	Raw Item Score	Raw Domain Score	Average Domain Score
How much difficulty have you had in:								
Understanding and Communicating								
1. Concentrating for 10 minutes at a time while doing homework, playing a game, or doing something you were asked to?	None	Mild	Moderate	Severe	Extreme or can't do			
2. Remembering to do important things such as crossing the street safely, taking the right books to school, and remembering to do homework assignments?	None	Mild	Moderate	Severe	Extreme or can't do			
3. Finding a way to deal with every day, common problems that other people your age can manage?	None	Mild	Moderate	Severe	Extreme or can't do			
4. Learning how to do something new, like how to play a new game or learning something at school?	None	Mild	Moderate	Severe	Extreme or can't do			
5. Generally understanding what people say?	None	Mild	Moderate	Severe	Extreme or can't do			
6. Telling your family or friends about things you have done, or people you have met, or places you have been?	None	Mild	Moderate	Severe	Extreme or can't do			
Getting Around								
1. Standing for a reasonable period of time, for example in PE, or school assembly or church/temple?	None	Mild	Moderate	Severe	Extreme or can't do			
2. Getting up from a sitting position?	None	Mild	Moderate	Severe	Extreme or can't do			
3. Moving around inside your home?	None	Mild	Moderate	Severe	Extreme or can't do			
4. Getting around at school or at a friend's?	None	Mild	Moderate	Severe	Extreme or can't do			
5. Walking for as long a distance as other people your age can?	None	Mild	Moderate	Severe	Extreme or can't do			
Self-Care								
1. Keeping yourself and your clothes clean, taking baths or showers, and brushing your teeth without being asked?	None	Mild	Moderate	Severe	Extreme or can't do			
2. Getting dressed on your own?	None	Mild	Moderate	Severe	Extreme or can't do			
3. Eating meals without help?	None	Mild	Moderate	Severe	Extreme or can't do			
4. Staying safe when you are alone or not putting yourself in danger when there are no adults around?	None	Mild	Moderate	Severe	Extreme or can't do			

						<i>Clinician Use Only</i>		
Numeric scores assigned to each of the items:	1	2	3	4	5	Raw Item Score	Raw Domain Score	Average Domain Score
How much difficulty have you had in:								
Getting along with people								
1. Getting along with people you do not know well?	None	Mild	Moderate	Severe	Extreme or can't do			
2. Keeping a friendship?	None	Mild	Moderate	Severe	Extreme or can't do			
3. Getting along with family members?	None	Mild	Moderate	Severe	Extreme or can't do			
4. Making new friends?	None	Mild	Moderate	Severe	Extreme or can't do			
5. Getting along with teachers or adults who aren't in your family?	None	Mild	Moderate	Severe	Extreme or can't do			
Life Activities								
1. Doing chores or other things you are expected to do at home to help out?	None	Mild	Moderate	Severe	Extreme or can't do			
2. Finishing chores or home activities that you are supposed to do?	None	Mild	Moderate	Severe	Extreme or can't do			
3. Doing chores or other home activities <u>well</u> ?	None	Mild	Moderate	Severe	Extreme or can't do			
4. Doing these home activities <u>quickly</u> when it is important?	None	Mild	Moderate	Severe	Extreme or can't do			
Answer the next questions if you go to school, otherwise, skip to the next section.								
5. Doing your regular school assignments?	None	Mild	Moderate	Severe	Extreme or can't do			
6. Studying for important school tests?	None	Mild	Moderate	Severe	Extreme or can't do			
7. Completing all of the school assignments and activities that you needed to do?	None	Mild	Moderate	Severe	Extreme or can't do			
8. Getting your school work done as <u>quickly</u> as needed?	None	Mild	Moderate	Severe	Extreme or can't do			
9. Following the rules or fitting in with others?	None	Mild	Moderate	Severe	Extreme or can't do			
Participation in Society								
1. Joining in on community activities (e.g., clubs, religious groups, after-school activities)?	None	Mild	Moderate	Severe	Extreme or can't do			
2. Getting invited to parties, play dates, hanging out?	None	Mild	Moderate	Severe	Extreme			
3. How much time do your parents or other family members spend on your health condition problems?	None	A little	Some	Quite a bit	A lot/ Nearly all the time			
4. How much have you been upset by your health condition?	None	Mild	Moderate	Severe	Extreme			
5. How much of a problem do you have in doing things you enjoy or relaxing by yourself?	None	Mild	Moderate	Severe	Extreme			

In the past 30 days:

- How much did your difficulties get in the way of your life? None Mild Moderate Severe Extreme
- How many days were your difficulties present? _____
- How many days were you totally unable to carry out your usual activities or school/work because of your health condition? _____
- Not counting your answer in number 3, how many days did you cut back or reduce your usual activities or school/work because of your health condition? _____
- How many days were you absent from school/work? _____
- How many days were you late for school/work? _____