

WHO DAS 2 Children and Youth
36-Item Version
To Be Completed by Youth ages 11 and older
Parent\Guardian to complete for youth 10 and Under

Patient [identifier] _____
Patient's DOB ___ / ___ / _____
Date of assessment ___ / ___ / _____
Informant [identifier] _____

This questionnaire asks about problems you may have due to health conditions. Health conditions include diseases, illnesses, or other health problems that may be 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. For each question, please circle only one response.

H1	How do you rate your health overall health in the past 30 days?	Very good	Good	Moderate	Bad	Very bad
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In the last 30 days, how much difficulty did you have in:						
Understanding and communicating						
D1.1	Concentrating for 10 minutes at a time or more while doing homework, playing a game, or doing something you were asked to do?	None	Mild	Moderate	Severe	Extreme/ Cannot Do
D1.2	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/ Cannot Do
D1.3	Finding a way to deal with common, everyday problems that other people your age can manage?	None	Mild	Moderate	Severe	Extreme/ Cannot Do
D1.4	Learning how to do something new, for example, how to play a new game, or learning something new at school?	None	Mild	Moderate	Severe	Extreme/ Cannot Do
D1.5	Generally understanding what people say?	None	Mild	Moderate	Severe	Extreme/ Cannot Do
D1.6	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/ Cannot Do
Getting around						
D2.1	Standing for a reasonable period of time, for example, in PE or school assembly or church/temple?	None	Mild	Moderate	Severe	Extreme/ Cannot Do
D2.2	Getting up from a sitting position?	None	Mild	Moderate	Severe	Extreme/ Cannot Do
D2.3	Moving around inside your home?	None	Mild	Moderate	Severe	Extreme/ Cannot Do
D2.4	Getting around at school or at a friend's?	None	Mild	Moderate	Severe	Extreme/ Cannot Do
D2.5	Walking for as long a distance as other people your age can?	None	Mild	Moderate	Severe	Extreme/ Cannot Do

Please continue on next page ...

In the last 30 days, <u>how much difficulty</u> did your child have in:						
Self-care						
D3.1	Keeping yourself and your clothes clean, taking baths or showers, and brushing your teeth without being asked?	None	Mild	Moderate	Severe	Extreme/ Cannot Do
D3.2	Getting dressed on your own?	None	Mild	Moderate	Severe	Extreme/ Cannot Do
D3.3	Eating meals without help?	None	Mild	Moderate	Severe	Extreme/ Cannot Do
D3.4	Staying safe when you are alone or not putting him/herself in danger when there are no adults around?	None	Mild	Moderate	Severe	Extreme/ Cannot Do
Getting along with people						
D4.1	Getting along with people you do not know well?	None	Mild	Moderate	Severe	Extreme/ Cannot Do
D4.2	Keeping a friendship?	None	Mild	Moderate	Severe	Extreme/ Cannot Do
D4.3	Getting along with family members?	None	Mild	Moderate	Severe	Extreme/ Cannot Do
D4.4	Making new friends?	None	Mild	Moderate	Severe	Extreme/ Cannot Do
D4.5	Getting along with your teachers or adults who aren't in your family?	None	Mild	Moderate	Severe	Extreme/ Cannot Do
Life activities						
D5.1	Doing chores or other things you are expected to do at home to help out?	None	Mild	Moderate	Severe	Extreme/ Cannot Do
D5.2	Finishing chores or home activities that you are supposed to do?	None	Mild	Moderate	Severe	Extreme/ Cannot Do
D5.3	Doing chores or other home activities well?	None	Mild	Moderate	Severe	Extreme/ Cannot Do
D5.4	Doing these home activities quickly when it is important?	None	Mild	Moderate	Severe	Extreme/ Cannot Do
IF YOU GO TO SCHOOL, COMPLETE QUESTIONS D5.5–D5.9 BELOW. OTHERWISE, SKIP TO D6.1						
	<i>In the last 30 days that you were in school, how much difficulty did you have in:</i>					
D5.5	Doing your regular school assignments?	None	Mild	Moderate	Severe	Extreme/ Cannot Do
D5.6	Studying for important school tests?	None	Mild	Moderate	Severe	Extreme/ Cannot Do
D5.7	Completing all of the school assignments and activities that you needed to do?	None	Mild	Moderate	Severe	Extreme/ Cannot Do
D5.8	Getting your school work done as quickly as needed?	None	Mild	Moderate	Severe	Extreme/ Cannot Do
D5.9	How much difficulty do you have in following rules or fitting in with others at school?	None	Mild	Moderate	Severe	Extreme/ Cannot Do

Participation in society						
In the last 30 days:						
D6.1	Do you have more of a problem joining in on community activities (for example, clubs, religious groups, or after-school activities) than you thought you should?	None	Mild	Moderate	Severe	Extreme/ Cannot Do
D6.2	How much do you feel that you are not getting invited to many as parties, play dates, or just hanging out, as you would like?	None	Mild	Moderate	Severe	Extreme
D6.3	How much time do your parents or other family member spend on your health condition problems you may have?	None	A Little	Some	Quite a bit	A Lot/ Nearly All the Time
D6.4	How much have you been upset by his/her health condition?	None	Mild	Moderate	Severe	Extreme
D6.7	How much of a problem do you have in doing things by yourself for relaxation or pleasure (do you have any problems keeping yourself busy doing things that you like to do)?	None	Mild	Moderate	Severe	Extreme

H2	Overall, how much did these difficulties interfere with your life?	Not at all	Mildly	Moderately	Severely	Extremely
H3	Overall, in the past 30 days, how many days were these difficulties present?	RECORD NUMBER OF DAYS __/__				
H4	In the past 30 days, for how many days were you totally unable to carry out your usual activities or school/work because of any health condition?	RECORD NUMBER OF DAYS __/__				
H5	In the past 30 days, not counting the days that you were totally unable, for how many days did you cut back or reduce your usual activities or school/work because of any health condition?	RECORD NUMBER OF DAYS __/__				
H6	In the past 30 days, how many days were you absent from school?	RECORD NUMBER OF DAYS __/__				
H7	In the past 30 days, how many days were you late for school?	RECORD NUMBER OF DAYS __/__				

This completes the assessment. Thank you.