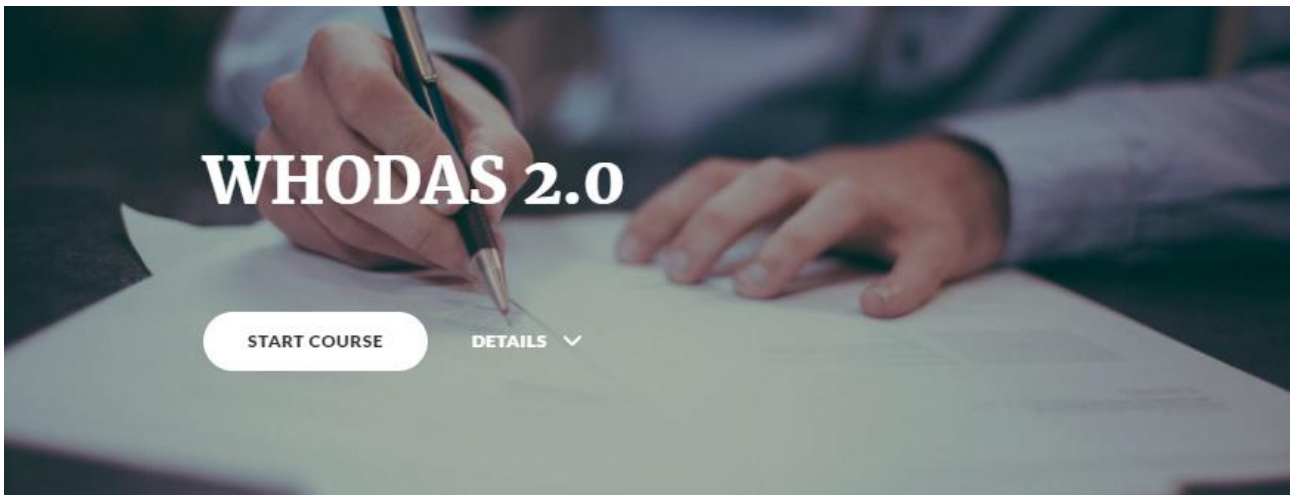


This PDF is available as an additional resource to complement the interactive training module.

Significant functionality is lost with the translation to PDF and we recommend all staff to complete the online version.



This online training module provides an overview of the user manual for the World Health Organisation Disability Assessment Schedule (WHODAS) 2.0.

The information in this module is general in nature. Every organisation does things differently and has different policies and procedures, so please interpret the content in this module with your organisation in mind and discuss any discrepancies with your line manager.

Duration: Approximately 30-40 minutes (note. you can close the training and pick up where you left off at a later date).

Last updated: February, 2022

Content and links in this training were correct at the time of publication. We check these regularly; however, if you find broken links or errors please contact transitionsupport@flinders.edu.au

Course Outline

- ≡ Training objectives
- ≡ About the WHODAS 2.0
- ≡ Administering the WHODAS 2.0
- ≡ Scoring the WHODAS2.0
- ≡ Tips, possible challenges and solutions
- ≡ Resources



Training objectives

This online training module provides an overview of the user manual for the World Health Organisation Disability Assessment Schedule (WHODAS) 2.0.

It is suitable for people providing community mental health support, allied health and/or clinical services.

By the end of this training you will understand:

- what the WHODAS 2.0 is
- when the WHODAS 2.0 is used
- how to administer the WHODAS 2.0



Assumed knowledge

This is an introductory training module. No prior knowledge is required.



Content in this training is based on information available in the [WHODAS 2.0 training manual](#).

The following resources are used throughout the training. You may find it useful to have them open for reference. These resources are also provided at the end of the training.

[WHODAS 2.0 website and user agreement](#) - it is best practice to complete the User Agreement Form and visit the WHODAS 2.0 website prior to using the tool. Check with your manager to see if your organisation has already completed the User Agreement Form for use of the WHODAS.

[Manual for WHODAS 2.0](#)

[WHODAS 2.0 12-item, instrument scoring sheet](#)

[Question by question specifications WHODAS short form.pdf](#)

682.4 KB

[Script for introducing the WHODAS 2.0.pdf](#)

86.2 KB

About the WHODAS 2.0

What is the WHODAS 2.0?

The WHODAS 2.0 is a free assessment tool developed by the World Health Organisation. It can be administered by health professionals who have read the training manual (this module is a summary of that manual). The WHODAS 2.0 is a generic assessment tool that:

- Can be used to determine the impact of any health condition in terms of functioning- including mental health conditions

- Measures the impact of a person's disability on their daily life (e.g., the functional impact of their disability)
- Includes 12 questions and can be administered in approximately 20 minutes or less
- Can be done with the person, or on their behalf by someone who knows them well (a proxy)
- Helps to identify areas of support and service need
- Has been designed to be administered by health professionals
- Is valid, reliable and available in many languages.

When is the WHODAS 2.0 used?

The WHODAS 2.0 helps to identify areas of a person's life that are impacted by their health condition.

It is often used by health professionals to help determine service needs. It is also often used in research projects.

In the NDIS the WHODAS 2.0 can be used:

- As part of the supporting evidence for an NDIS access request (e.g., to demonstrate functional impact)
- As part of the NDIS planning process (for those who are granted access to the Scheme).
- At NDIS plan reviews to see how things have changed for the person.

Administering the WHODAS 2.0

The WHODAS 2.0 is a standardised assessment instrument which means it is important to follow the same rules every time you complete it with someone.

It is important that you are familiar with:

- the frames of reference
- the WHODAS 2.0 items
- the scoring options
- how to clarify unclear responses.

Frames of reference



There are six frames of reference that are used to ensure clear and consistent responses to each item. The frames are a list of rules that a person should keep in mind when responding to each item of the WHODAS.

The person administering the assessment will need to discuss the frames of reference before starting the assessment and occasionally remind people about these throughout the assessment.

START >

Step 1

Frame #1 - Degree of difficulty

Respondents are asked about their degree of difficulty experienced when doing different activities on a scale from 0 - 4.

In the WHODAS, degree of difficulty means:

- increased effort
- discomfort or pain
- slowness
- changes in the way the person does the activity.

The degree of difficulty is scored from 0- 4 for all items as follows:

- 0= no difficulty
- 1= mild difficulty
- 2= moderate difficulty

- 3= severe difficulty
- 4= extreme difficulty or cannot do

Step 2

Frame #2 - Due to health conditions

Respondents are to answer the questions in relation to their primary disability, rather than other causes.

For example, Q8 asks a person to indicate difficulty “washing your whole body”. If a person is unable to wash because of physical or mental limitations then the item would be rated as 4 (extreme/cannot do). However if the person cannot wash because they do not have access to a shower, the answer is 0 (no difficulty).

When working with people who have co-occurring mental health and other health conditions, it may sometimes be difficult to separate the mental health condition from other health conditions that impact on the person’s life. Where possible use the frames of reference and prompt the person to focus on the mental health condition only. When it is too difficult to separate co-occurring conditions, it might be useful to enter some additional comments on the assessment form to show that the response is in relation to more than one health condition.

Step 3

Frame #3 In the past 30 days and frame #4 - averaging good and bad days

The timeframe for the WHODAS 2.0 is 30 days. This is because recall abilities are most accurate for the period of one month. Furthermore, some respondents will experience variability in the degree of difficulty that they experience over a 30 day period. In these instances respondents are asked to give a rating that averages good and bad days.

Addressing the episodic nature of mental health conditions

The WHODAS 2.0 is designed to measure the impact of mental health conditions on daily functioning. Infrequent hospitalisations, when a person is very unwell, is not an example of daily impact. However, if the person is frequently hospitalised it may be taken into consideration as an average of good and bad days.

Step 4

Frame #5 As the respondent usually does the activity

Respondents should rate the difficulty experienced taking in to consideration how they usually do the activity. This includes if they are able to complete the activity (e.g., 0- no difficulty) because of an assistive device.

When completing the WHODAS 2.0 for use in the NDIS it is recommended that the person answers the question NOT taking into account the assistance of a support person. For example, if they are only able to complete an activity because someone is there to support them, the answer should reflect difficulty with that activity if the support wasn't available. Alternatively, you can ask the question twice and provide a rating with a support person and without (making sure it is noted on the form which rating is which and what support is provided).

Step 5

Frame #6 - Items rated as not applicable

The WHODAS 2.0 seeks to determine the amount of difficulty with activities that a person actually does, rather than activities a person would like to do, or can do but chooses not to. When a question asks about an activity that the person has not tried, or does not do, (and this is not because of a health condition) the response is to be listed as N/A (not applicable).

For example, Q7 asks about difficulty “walking a long distance such as a kilometre” If the respondent has tried to walk this distance and cannot due to health conditions, it would be given a difficulty rating. If the respondent drives everywhere and does not attempt walking this distance, the response would be n/a.

Note. it is useful to provide a comment as to why the response was N/A on the form.

WHODAS 2.0 structure: questions and functional domains

The WHODAS 2.0 asks 12 questions related to a number of activities (or experiences) of daily living. Respondents are asked to rate their level of difficulty with these activities on a five-point scale from none (0) to extreme, or cannot do (4).

The 12 questions map to six areas of functional impairment:

- 1 Cognition (understanding and communication)
- 2 Mobility (moving and getting around)
- 3 Self-care (hygiene, dressing, eating and staying alone)
- 4 Getting along (interacting with other people)
- 5 Life activities (domestic responsibilities, leisure, work and school)

6 Participation (joining in community activities)

The table below shows the 12 WHODAS 2.0 questions and how they map to each area

Q	Rate your difficulty 0-4	Area
1	<u>Standing for long periods</u> such as <u>30 minutes</u> ?	mobility
2	Taking care of your <u>household responsibilities</u> ?	life activities
3	<u>Learning a new task</u> , for example, learning how to get to a new place?	cognition
4	How much of a problem did you have in <u>joining in community activities</u> (for example, festivals, religious or other activities) in the same way as anyone else can?	participation
5	How much have <u>you been emotionally affected by your health problems</u> ?	participation
6	<u>Concentrating on doing something for 10 minutes</u> ?	cognition
7	<u>Walking a long distance</u> such as a <u>kilometer</u> [or equivalent]?	mobility
8	<u>Washing your whole body</u> ?	self-care
9	<u>Getting dressed</u> ?	self-care
10	<u>Dealing with people you do not know</u> ?	getting along
11	<u>Maintaining a friendship</u> ?	getting along
12	Your day-to-day <u>work/school</u> ?	life activities

The square brackets are instructions for translators. You do not need to read ‘or equivalent’ to a respondent. If working with someone who would require translation (e.g., someone who does not use the same measurement system as Australia) substitute the term ‘kilometer’ for the equivalent.

There are three additional questions at the end of the assessment that ask about general difficulties and the overall impact of a person’s condition on functioning and carrying out life activities. For these items, enter the response as a number indicating the number of days:

- 1** Overall, in the past 30 days, for how many days were these difficulties present?
- 2** In the past 30 days, for how many days were you totally unable to carry out your usual activities or work because of any health condition?
- 3** 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 work because of any health condition?

Completing the assessment

ASKING THE QUESTIONS

- It is important to read the questions as they are written.
- You can use the lead in phrase 'how much difficulty have you had.....' for each question, or for as many questions as you feel is necessary for the person to complete the interview.
- Make sure the person hears the entire question, if they interrupt before you finish, repeat the question.
- Don't make assumptions about a person's answer.
- Sometimes you might feel like you know the answer based on a previous response but it is important not to change the way you ask the question, or skip it, because this can impact the accuracy of the assessment.

ADDING COMMENTS

You can add interviewer comments to the margins or as an attachment to the WHODAS 2.0 form if you think it will help someone else who sees the assessment to understand a response. Times when it might be useful to add a comment include:

- when a person was unable or unwilling to respond to a question
- when a question was deemed not applicable to the respondent
- if assistive devices are usually used to perform the activity which impacts the response (see frame of reference 5)
- if a response was uncertain or unclear.

Note. whilst comments can be useful, always try to get an accurate answer from the respondent- don't rely on notes over the quality of the assessment

THE PROXY-ADMINISTERED VERSION

It is advisable to complete the WHODAS 2.0 with the person. However if that is not feasible, it is possible to complete the instrument on the person's behalf.

To complete the [proxy - administered WHODAS 2.0](#) it is important that the person completing the assessment knows the person well and understand the impact of their health condition on daily life.



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

12-item version, proxy-administered

This questionnaire asks about difficulties due to health conditions experienced by the person about whom you are responding in your role as friend, relative or carer. 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, to the best of your knowledge, answer these questions thinking about how much difficulty your friend, relative or carer had while doing the following activities. (Note: the questionnaire uses the term "relative" to mean "friend", "relative" or "carer".) For each question, please circle only one response.

H4 ^a	I am the _____ (choose one) of this person.	1 =	husband or wife	5 =	other relative
		2 =	parent	6 =	friend
		3 =	son or daughter	7 =	professional carer
		4 =	brother or sister	8 =	other (specify) _____

Clarifying unclear responses

Sometimes people may not provide a response that matches the response options, say 'I don't know', ask for more information or respond in a way that suggests they have misheard or misinterpreted the question.

It is important that the person understands the question being asked. It is also important that the responses are those of the respondent and are not influenced by the person administering the assessment.

Click through the cards below for some rules for clarification and probing.

Repeat the question

Repeating the question is recommended as the first way to clarify an unclear response. This might mean:

- Repeating the whole question – If the question was not fully heard or was misunderstood.
- Repeating part of the question- If a specific part of the question is queried by the respondent.
- Repeating ALL response options- If the person asks for response options to be repeated.

Use question by question specifications

If repeating the question is not helpful, there are question-by-question specifications that give examples and approved descriptions for each item.

e.g., Q5 *“how much have you been emotionally affected by your health problems?”*

Specification: This question refers to the degree to which the respondent has felt an emotional impact due to the health condition. Emotions may include anger, sorrow, regret, thankfulness, appreciation or any other positive or negative emotion.

Download the specifications for all questions here and keep these with you when completing the assessment. For the question specification you can modify the grammar so it makes sense to the respondent, e.g., for above “this question is about the degree that you feel an emotional impact...”

Use neutral probes

Use neutral probes to help people arrive at a response. Neutral prompts, like those listed below, help to avoid introducing bias:

- can you tell me what you mean by that?
- can you tell me more about that?
- what do you think?
- what is your best estimate?
- can you be more specific?
- can you give me your best guess?
- can you provide an overall rating?

Responding to 'I don't know'

It is possible to provide a response of don't know (DK) to a question. However, it is advisable to avoid this where possible.

The general rule when respondents give a response of “I don't know” is to repeat the question. If this is unsuccessful, use some of the suggested neutral probes before accepting a response of DK and recording this on the assessment form.

Scoring the WHODAS 2.0

PLEASE NOTE: When scoring WHODAS, the following numbers are assigned to responses:		
	0 = No Difficulty	
	1 = Mild Difficulty	
	2 = Moderate Difficulty	
	3 = Severe Difficulty	
	4 = Extreme Difficulty or Cannot Do	
		Score
S1	<u>Standing for long periods</u> such as 30 minutes?	0
S2	Taking care of your <u>household responsibilities</u> ?	0
S3	<u>Learning a new task</u> , for example, learning how to get to a new place?	0
S4	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?	0
S5	How much have you been <u>emotionally affected by your health problems</u> ?	0
S6	<u>Concentrating</u> on doing something for ten minutes?	0
S7	<u>Walking a long distance</u> such as a kilometre (or equivalent)?	0
S8	<u>Washing your whole body</u> ?	0
S9	Getting <u>dressed</u> ?	0
S10	<u>Dealing with people you do not know</u> ?	0
S11	<u>Maintaining a friendship</u> ?	0
S12	Your day-to-day <u>work/school</u> ?	0
Overall Score		0.00%
H1	Overall, in the past 30 days, how many days were these difficulties present?	
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?	
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?	

The WHODAS 2.0 is scored by summing together all item responses.

A [WHODAS 2.0 score sheet](#) is available as an excel template (as shown in the image), however you can create a word file or use a printed version if you wish.

Underlined words are key words or phrases that are to be emphasised when read to the respondent. Words in brackets are examples to illustrate a point. The entire question, including words in brackets, should be read to people when conducting the assessment.

Click on the tabs below to learn more about interpreting WHODAS 2.0 scores and discussing scores with participants.

DEALING WITH MISSING RESPONSES

People may sometimes feel that a question does not apply to their situation or that they cannot, or do not want, to answer it.

It is recommended to use prompts to try to get an answer where possible. However, when a response cannot be obtained you can enter N/A, 'don't know (DK)' or 'refused' (depending on response) in the margin of the assessment form and score it as zero. You may find it useful to also comment as to why the response was not provided.

Create your summary score by summing all responses provided and be mindful of the fact that the overall score will be lower because some items are missing.

INTERPRETING WHODAS 2.0 SCORES

The WHODAS 2.0 is not a diagnostic or clinical assessment tool. There are no 'cut-offs' or other indicators to guide interpretation of the overall functional impairment score.

Remember, the WHODAS 2.0 is designed to show areas of daily life impacted by health conditions. A person may therefore have high scores on one domain, but low scores on all the other domains, resulting in a lower total overall.

Instead of focusing on the total score you may find it more useful to look at the areas of functioning (e.g., individual items) where scores are the highest.

DISCUSSING SCORES

As discussed in 'interpreting scores' the total score is not always particularly useful for understanding service needs. What the scores can do is highlight areas where a person might need support for daily activities.

Use your professional judgement in relation to how you might feed this information back to a participant. Because there are no cut-offs or descriptions for score ranges you may find it more useful to simply talk about the areas that appear to be more difficult than others (e.g., areas where scores are highest). You can also use low scores as an opportunity to discuss where a person is doing well.

Tips, possible challenges and solutions

Tips for administering the WHODAS 2.0

click on the tabs below for some WHODAS tips

READ

Make sure you are familiar with the WHODAS, the questions, frames of reference and response scale.

Also make sure you understand the context for the assessment. For example, if completing the assessment as part of a NDIS access request make sure you are familiar with the access requirements.

PREPARE

Before you begin the assessment make sure the person knows;

- why you are doing the assessment
- who will see the assessment (if it is being used for access and/or planning)
- what types of questions you will ask.

You might find the WHODAS 2.0 script useful to introduce the tool, or use this examples as a base for developing your own WHODAS 2.0 introduction.

PRINT

Think about what questions the person might ask during the assessment and print or prepare resources to help with this. You may want to consider printing:

- the WHODAS 2.0 12 item response sheet
- the question-by- question specifications
- the frames of reference.

Challenges and solutions

click on the boxes below to see the solutions to possible WHODAS challenges

The participant does not acknowledge a difficulty is present

Sometimes, people may not be aware of, or not wish to disclose, the impact a health condition has on their life.

It is important that you record the answers as they are provided by the respondent, even if you think they may be inaccurate. This is because the assessment should reflect the person's understanding of the impact of their health condition. If you are concerned that responses do not provide an accurate assessment you might choose to use the proxy-administered WHODAS 2.0 instead.

Tip. Feedback from providers is that the WHODAS 2.0 is well complemented by additional assessments completed by health professionals, mental health providers and/or someone who knows the person well. For example, the Life Skills Profile 16, can capture insights into the impact of a person's health condition on their daily life from someone (e.g., a provider) who knows the person well.

Remember the WHODAS 2.0 is not usually considered in isolation, it is likely to form part of an overall picture of a person's daily functioning and service needs.

The assessment focuses on difficulties, not what people do well.

The WHODAS 2.0 does aim to determine areas of life where a person is impacted by their health condition. An important role for health providers working in this space is to help people to feel comfortable while completing these type of assessments.

Feedback from providers is that completing a strengths focused assessment after the WHODAS, like the Recovery Star, is a good way of maintaining a strong recovery focus. You can also keep an eye out for areas of the WHODAS 2.0 where there are particularly low scores and use these to remind people of areas in their life where they are doing well.

Use your skills as a recovery focused practitioner to make the assessment process as comfortable as possible.

Some questions don't seem relevant to the people I work with.

You may find that some of the questions in the WHODAS 2.0 aren't relevant for the person you are working with. For example, providers have mentioned that some program participants do not have a job or go to school and therefore struggle to answer question 12 (difficulty with your day-to-day work/school).

The first step for any question that you think may not be applicable is to look at the question-by-question specifications for more information. Determine if the activity is not applicable or if the person has been prevented from doing the activity as a result of a health condition.

If the person has not attempted the activity in the last 30 days and this is not due to health conditions, you can mark it as N/A and move on to the next question.

It is difficult to separate co-occurring conditions and their impact.

When completing the WHODAS 2.0 with program participants the primary disability is most likely to be the person's mental health condition.

However, it may be difficult in some instances to separate the mental health condition from other health conditions that impact on the person's life.

Where possible use the frames of reference and prompt the person to focus on the mental health condition only. When it is too difficult to separate co-occurring conditions, you might find it useful to enter some additional comments on the assessment form to show where a response is in relation to more than one health condition.

Resources

[WHODAS 2.0 website and user agreement](#) - it is best practice to complete the User Agreement Form and visit the WHODAS 2.0 website prior to using the tool. Check with your manager to see if your organisation has already completed the User Agreement Form for use of the WHODAS.

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