

## Activity 2

### Handout 4 - The Washington Group Questions on Disability

Please answer the following questions, marking with a circle the answer you think more relevant for yourself:

1. **Do you have difficulty seeing, even if wearing glasses?**
  - a. No - no difficulty
  - b. Yes – some difficulty
  - c. Yes – a lot of difficulty
  - d. Cannot do at all
2. **Do you have difficulty hearing, even if using a hearing aid?**
  - a. No- no difficulty
  - b. Yes – some difficulty
  - c. Yes – a lot of difficulty
  - d. Cannot do at all
3. **Do you have difficulty walking or climbing steps?**
  - a. No- no difficulty
  - b. Yes – some difficulty
  - c. Yes – a lot of difficulty
  - d. Cannot do at all
4. **Do you have difficulty remembering or concentrating?**
  - a. No – no difficulty
  - b. Yes – some difficulty
  - c. Yes – a lot of difficulty
  - d. Cannot do at all
5. **Do you have difficulty (with self-care such as) washing all over or dressing?**
  - a. No – no difficulty
  - b. Yes – some difficulty
  - c. Yes – a lot of difficulty
  - d. Cannot do at all

- 6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?**
- a.** No – no difficulty
  - b.** Yes – some difficulty
  - c.** Yes – a lot of difficulty
  - d.** Cannot do at all
- 7. Is this the first time you are answering these questions?**
- a.** No
  - b.** Yes

**Thank you!**