

Washington Group on Disability Statistics

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The Washington Group Short Set on Functioning – Enhanced (WG-SS Enhanced)

Introduction

The Washington Group Short Set on Functioning – Enhanced (WG-SS Enhanced) was developed, tested and adopted by the Washington Group on Disability Statistics (WG). The questions reflect advances in the conceptualization of disability and use the World Health Organization's International Classification of Functioning, Disability, and Health (ICF) as a conceptual framework.

The WG-SS Enhanced is intended in population-based health surveys, as well as surveys that focus specifically on disability. It may also be included in surveys that focus on other topics where the survey design is such that:

- a) extensive information is collected on selected adult family members; and
- b) information is collected directly from the respondent, rather than a proxy, unless the respondent is unable to participate due to a health problem or functional limitation.

To maximize international comparability, the WG-SS Enhanced obtains information on difficulties a person may have in undertaking basic functioning activities, including seeing, hearing, walking or climbing stairs, remembering or concentrating, self-care, communication (expressive and receptive), upper body activities, and affect (depression and anxiety). The WG-SS Enhanced is comprised of 12 questions in these eight domains of functioning. The six WG Short Set on Functioning questions are embedded in the WG-SS Enhanced.

The questions are designed to collect information on the adult population aged 18 years and above. The WG-SS Enhanced was not designed for use among children, as it does not include key aspects of child development important for identifying disability in children and the wording of certain domains may not be relevant (or suitable) for children and adolescents. The WG-UNICEF Module on Child Functioning was designed specifically to meet the needs of identifying and measuring disability in children.

The Washington Group website [http://www.washingtongroup-disability.com/] contains supporting documentation, including information for translation, cognitive testing, question specifications and interview guidance, and analytic guidelines, including SPSS, SAS and STATA syntaxes.

It is important to note that each question has four response categories, which are to be read after each question.

WG Short Set on Functioning – Enhanced Questions

Preamble to the WG-SS Enhanced:

Note: The purpose of the introduction is to serve as a transition from questions in the census or survey instrument that deal with other subject matters to this new area of inquiry, and to focus the respondent on difficulties they may have doing basic activities.

Use of the introductory statement may not be needed in all situations, especially if including the statement may interrupt the flow of question administration.

Interviewer read: "The next questions ask about difficulties you may have doing certain activities."

VISION

- VIS_1 [Do/Does] [you/he/she] have difficulty seeing, even when wearing [your/his/her] glasses]? Would you say... [Read response categories]
 - 1. No difficulty
 - 2. Some difficulty
 - 3. A lot of difficulty
 - 4. Cannot do at all
 - 7. Refused
 - 9. Don't know

HEARING

- HEAR_1 [Do/Does] [you/he/she] have difficulty hearing, even when using a hearing aid(s)]? Would you say... [Read response categories]
 - 1. No difficulty
 - 2. Some difficulty
 - 3. A lot of difficulty
 - 4. Cannot do at all
 - 7. Refused
 - 9. Don't know

MOBILITY

- MOB_1 [Do/Does] [you/he/she] have difficulty walking or climbing steps? Would you say... [Read response categories]
 - 1. No difficulty
 - 2. Some difficulty
 - 3. A lot of difficulty
 - 4. Cannot do at all
 - 7. Refused
 - 9. Don't know

COMMUNICATION

- COM_1 Using [your/his/her] usual language, [do/does] [you/he/she] have difficulty communicating, for example understanding or being understood? Would you say... [Read response categories]
 - 1. No difficulty
 - 2. Some difficulty
 - 3. A lot of difficulty
 - 4. Cannot do at all
 - 7. Refused
 - 9. Don't know

COGNITION (REMEMBERING)

- COG_1 [Do/does] [you/he/she] have difficulty remembering or concentrating? Would you say... [Read response categories]
 - 1. No difficulty
 - 2. Some difficulty
 - 3. A lot of difficulty
 - 4. Cannot do at all
 - 7. Refused
 - 9. Don't know

SELF-CARE

- SC_SS [Do/does] [you/he/she] have difficulty with self care, such as washing all over or dressing? Would you say... [Read response categories]
 - 1. No difficulty
 - 2. Some difficulty
 - 3. A lot of difficulty
 - 4. Cannot do at all
 - 7. Refused
 - 9. Don't know

UPPER BODY

- UB_1 [Do/Does] [you/he/she] have difficulty raising a 2 liter bottle of water or soda from waist to eye level? Would you say... [Read response categories]
 - 1. No difficulty
 - 2. Some difficulty
 - 3. A lot of difficulty
 - 4. Cannot do at all
 - 7. Refused
 - 9. Don't know
- UB_2 [Do/Does] [you/he/she] have difficulty using [your/his/her] hands and fingers, such as picking up small objects, for example, a button or pencil, or opening or closing containers or bottles? Would you say... [Read response categories]
 - 1. No difficulty
 - 2. Some difficulty
 - 3. A lot of difficulty
 - 4. Cannot do at all
 - 7. Refused
 - 9. Don't know

AFFECT (ANXIETY AND DEPRESSION)

Interviewer: If respondent asks whether they are to answer about their emotional states after taking mood-regulating medications, say: "Please answer according to whatever medication [you were/he was/she was] taking."

- ANX_1 How often [do/does] [you/he/she] feel worried, nervous or anxious? Would you say... [Read response categories]
 - 1. Daily
 - 2. Weekly
 - 3. Monthly
 - 4. A few times a year
 - 5. Never
 - 7. Refused
 - 9. Don't know

- ANX_2 Thinking about the last time [you/he/she] felt worried, nervous or anxious, how would [you/he/she] describe the level of these feelings? Would [you/he/she] say... [Read response categories]
 - 1. A little
 - 2. A lot
 - 3. Somewhere in between a little and a lot
 - 7. Refused
 - 9. Don't know
- DEP_1 How often [do/does] [you/he/she] feel depressed? Would [you/he/she] say... [Read response categories]
 - 1. Daily
 - 2. Weekly
 - 3. Monthly
 - 4. A few times a year
 - 5. Never
 - 7. Refused
 - 9. Don't know
- DEP_2 Thinking about the last time [you/he/she] felt depressed, how depressed did [you/he/she] feel? Would you say... [Read response categories]
 - 1. A little
 - 2. A lot
 - 3. Somewhere in between a little and a lot
 - 7. Refused
 - 9. Don't know