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Answer Questionnaire

WG Short Set of Questions on Disability

Filter

Reset

1. Do you have difficulty seeing, even if wearing glasses?
[Answer Required]

2. Do you have difficulty hearing, even if wearing hearing aids?
[Answer Required]

3. Do you have difficulty walking or climbing stairs?
[Answer Required]

4. Do you have difficulty remembering things?
[Answer Required]

5. Do you have difficulty (with self-care) dressing or grooming?
[Answer Required]

6. Using your usual (customary) language, do you have difficulty understanding or being understood?
[Answer Required]

1. Do you have difficulty seeing, even if wearing glasses?^{*}

☒ No - no difficulty

☐ Yes - some difficulty

☐ Yes - a lot of difficulty

☐ Cannot do at all

Save

Save & Next

Next

Close Popup

Answer Questionnaire



WG Short Set of Questions on Disability

1. Do you have difficulty seeing, eve...

[Answered]

2. Do you have difficulty hearing, ev...

[Answered]

3. Do you have difficulty walking or c...

[Answered]

4. Do you have difficulty rememberin...

[Answered]

5. Do you have difficulty (with self-c...

[Answered]

6. Using your usual (customary) lang...

[Answered]

Successfully Saved

6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?*

- ☒ No - no difficulty
- ☐ Yes - some difficulty
- ☐ Yes - a lot of difficulty
- ☐ Cannot do at all

Prev

Delete

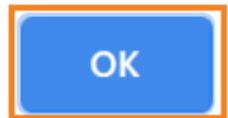
Save

Close Popup

□. **Close Popup** □□□□□ □□□□□ □□□□ popup □□ □□□□ □□□□□ □□ **Case Note** □□□ □□□□ □□□□□ □□□□□□□□□□ □□□□□□ □□□□□□ **OK** □□□□□ □□□□□ □□□□□

secure.therapglobal.net says

Please remember to Save/Update the Case Note form after closing the pop-up.



'Questionnaire' မြန်မာနိုင်ငံတော် အစိုးရ၏ အမည်ရှိသော မြန်မာနိုင်ငံတော် အစိုးရ၏ Questionnaire မြန်မာနိုင်ငံတော် အစိုးရ၏ မြန်မာနိုင်ငံတော် အစိုးရ၏ **Case Note** မြန်မာနိုင်ငံတော် အစိုးရ၏ မြန်မာနိုင်ငံတော် အစိုးရ၏ Required မြန်မာနိုင်ငံတော် အစိုးရ၏ မြန်မာနိုင်ငံတော် အစိုးရ၏ မြန်မာနိုင်ငံတော် အစိုးရ၏

Questionnaire

WG Short Set of Questions on Disability

Question	Answer
1. Do you have difficulty seeing, even if wearing glasses?	No - no difficulty
2. Do you have difficulty hearing, even if using a hearing aid?	Yes – some difficulty
3. Do you have difficulty walking or climbing steps?	No – no difficulty
4. Do you have difficulty remembering or concentrating?	No – no difficulty
5. Do you have difficulty (with self-care such as) washing all over or dressing?	No – no difficulty
6. Using your usual (customary) language, do you have difficulty communicating, for	No – no difficulty

Open

Cancel

Back

Save

Submit