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0000 000 00000000 00000000 0000 **Save & Next** 000000 000000 000000

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 what others say?  
[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

Filter

Reset

1. Do you have difficulty seeing, eve...  
[Answered]

2. Do you have difficulty hearing, ev...  
[Answered]

3. Do you have difficulty walking or c...  
[Answer Required]

4. Do you have difficulty rememberin...  
[Answer Required]

5. Do you have difficulty (with self-c...  
[Answer Required]

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

Delete

Save

Save & Next

Next

Close Popup

□. **Close Popup** 閉じる ボタンを押すと popup が 閉じられ 画面が Case Note の入力画面に戻ります。この画面で OK ボタンを押すと 画面が閉じます。

secure.therapglobal.net says

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

OK

**‘Questionnaire’** soruşturma formu soruşturma formu soruşturma formu soruşturma formu soruşturma formu Questionnaire soruşturma formu soruşturma formu soruşturma formu **Case Note** soruşturma formu/soruşturma formu soruşturma formu Required soruşturma formu soruşturma formu soruşturma formu soruşturma formu

## 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

Form:

Questionnaire er soruşturma formu soruşturma formu soruşturma formu, soruşturma formu soruşturma formu **Case Note** soruşturma formu soruşturma formu **Save/Submit** soruşturma formu soruşturma formu korun

Cancel Back

Save Submit