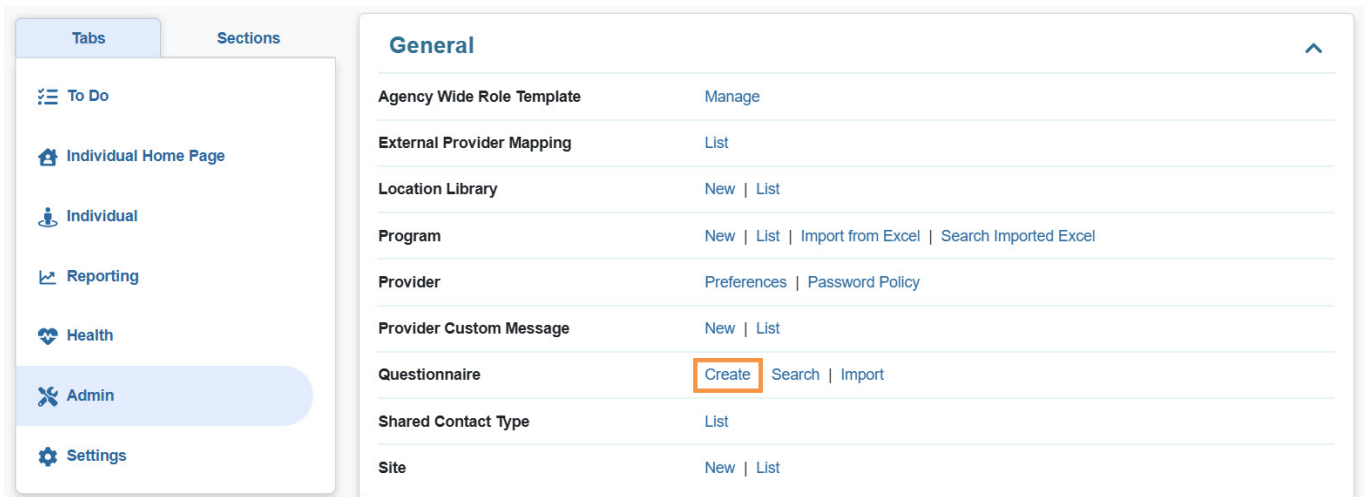


Questionnaire 管理 画面

Therap 管理画面の **Clinical Admin** 画面から、**Questionnaire** を管理する画面に移動します。この画面では、承認済みの **Questionnaire Casenote** を管理する画面に移動します。

1. **Admin** から **Questionnaire** の **Create** をクリックして画面を開きます。



2. 画面下部に、**Questionnaire** の **Name** を入力し **Save** をクリックして保存します。

Questionnaire **New** ⓘ

Questionnaire Information

* Name ←

Back Save

□. Questionnaire □□□□□□□□ □□□□□□ □□□□□□ □□□□ □□□□ **Add Question** □□□□□ □□□□□ □□□□□□

Questionnaire **Draft** ⓘ

Questionnaire has been Successfully Saved

Questionnaire

Name WG Short Set of Questions on Disability [Edit](#)

Question(s)

No Questions are Available

→

Back Delete

□. □□□□□□□□ □□□□□□□□ **Title** □□□□□□ **Question Number** □□□□□□□□ □□□□□□□□□□□□□□ □□□□ □□□□□ □□□ □□□□ □□ □□□□□□□□ □□□□ □□□□□□□□

Question New

Question Information

Questionnaire Name WG Short Set of Questions on Disability

*** Title**

Do you have difficulty seeing, even if wearing glasses?

About 195 characters left

*** Question Number**

1

Is Answer Required

Hint

About 500 characters left

*** Answer Type**

- Please Select -

Back

Save

□. □□□□□ □□□□□□□□ □□ □□□□□□ **Answer Type** □□□□□□□□ □□□□□

Question New

Question Information

Questionnaire Name WG Short Set of Questions on Disability

*** Title**

About 195 characters left

*** Question Number**

Is Answer Required

Hint

*** Answer Type**

- Please Select -

Numeric (Decimal)

Numeric (Integer)

Text

Text (Multi-line)

Date

Time

Radio

DropDown

DropDown (Custom)

Checkbox

Address

Read-only

Program

Login

Attachment

←

Back
Save

□□□□:

- **Answer Type** □□□□□□□□ □□□□-□□□□ □□□□□□ □□□□ □□□□ □□□□□□□□ □□□□□□□□ □□□□□□□□ □□□□□□□□:
 - **Numeric (Decimal):** □□□□□ □□□□□□ □□□ □□□□□□□□□□ □□□□□□□□ □□□□□ □□□□□□□□
 - **Numeric (Integer):** □□□□□ □□□□□□ □□□ □□□□□□□□□□ □□□□□□□□□□□ □□□□□□□□□□
 - **Text:** □□□□□ □□□□□□ □□□ □□□ □□□□□□□□ □□□□□□□□□□□ □□□□□□ □□□□ □□□□□□□□

- **Text (Multi-line):** 可输入多行文本，支持换行符，最多可输入 1000 个字符。
- **Date:** 可输入日期，格式为 MM/DD/YYYY，最多可输入 10 个字符。
- **Time:** 可输入时间，格式为 HH:MM，最多可输入 5 个字符。
- **Radio:** 可输入单选按钮，支持 Answer Type 选项，最多可输入 10 个字符。
- **DropDown:** 可输入下拉菜单，支持选项列表，最多可输入 100 个字符。
- **Checkbox:** 可输入复选框，支持布尔值，最多可输入 10 个字符。
- **Address:** 可输入地址，支持 Street 1, Street 2, City, Postal Code, Country 等字段，最多可输入 255 个字符。
- **Read-only:** 可输入只读文本，支持文本输入，最多可输入 1000 个字符。
- **Program:** 可输入程序名称，支持下拉菜单，最多可输入 100 个字符。
- **Login:** 可输入登录信息，支持用户名、密码等，最多可输入 100 个字符。
- **Attachment:** 可输入附件，支持文件上传，最多可上传 10 个文件。

□. 单击 **Save** 按钮保存数据。

Question Approved

Question has been Successfully Updated

Question

Questionnaire Name WG Short Set of Questions on Disability
Title Do you have difficulty seeing, even if wearing glasses?
Question Number 1
Code
Is Answer Required Yes
Hints
Answer Type Radio

Add Answer Option

Back

Delete

Edit

□. **'Answer Option'** □□□□, **Label** □□□□□□□□□□ □□□□□□ □□□□□□ **Option Number** □□□□□□□□□□□□□□□□□□ □□□□ □□□□□ □□□□□□□□ □□□□□□□□□□□□□□□□ □□□□ **Save** □□□□□□ □□□□□□ □□□□□□

Question Approved

Answer Option has been Successfully Saved

Question

Questionnaire Name WG Short Set of Questions on Disability
Title Do you have difficulty seeing, even if wearing glasses?
Question Number 1
Code
Is Answer Required Yes
Hints
Answer Type Radio
Answer Option 1. No - no difficulty [Edit](#)
 2. Yes – some difficulty [Edit](#)

[Add Answer Option](#)

[Back](#)

[Delete](#)

[Edit](#)

Questionnaire **Answer Type** [Edit](#) [Add Answer Option](#) [Back](#)
Questionnaire

Question Approved

Question

Questionnaire Name WG Short Set of Questions on Disability

Title Do you have difficulty seeing, even if wearing glasses?

Question Number 1

Code

Is Answer Required Yes

Hints

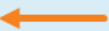
Answer Type Radio

Answer Option

- 1. No - no difficulty [Edit](#)
- 2. Yes – some difficulty [Edit](#)
- 3. Yes – a lot of difficulty [Edit](#)
- 4. Cannot do at all [Edit](#)

Add Answer Option

Back



Delete

Edit

00. 0000000000 000000 0 000 000000000 00000000 0000 0000 0000 **Approve** 000000
000000 000000

Questionnaire Draft

Questionnaire

Name: WG Short Set of Questions on Disability [Edit](#)

Question(s)

[Add Question](#)

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

1. No - no difficulty
 2. Yes - some difficulty
 3. Yes - a lot of difficulty
 4. Cannot do at all

[Show Details](#)

2. Do you have difficulty hearing, even if using a hearing aid?*

1. No - no difficulty
 2. Yes - some difficulty
 3. Yes - a lot of difficulty
 4. Cannot do at all

[Show Details](#)

3. Do you have difficulty walking or climbing steps?*

1. No - no difficulty
 2. Yes - some difficulty
 3. Yes - a lot of difficulty
 4. Cannot do at all

[Show Details](#)

4. Do you have difficulty remembering or concentrating?*

1. No - no difficulty
 2. Yes - some difficulty
 3. Yes - a lot of difficulty
 4. Cannot do at all

[Show Details](#)

5. Do you have difficulty (with self-care such as) washing all over or dressing?*

1. No - no difficulty
 2. Yes - some difficulty
 3. Yes - a lot of difficulty
 4. Cannot do at all

[Show Details](#)

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

1. No - no difficulty
 2. Yes - some difficulty
 3. Yes - a lot of difficulty
 4. Cannot do at all

[Show Details](#)

7. Comments (if any)

[Show Details](#)

[Add Question](#)

□□□□: □□□□□□□□□□□□ □□□□□□□□□□ (Approved) Questionnaire □□□□□□ **Copy, Export or Discontinue** □□□□ □□□□□□□□ □□□ □□□□□□□□□□□□ (Approved) Questionnaire □□□□□□ □□□□ □□□□ □□□□□□ □□

Questionnaire Approved

Questionnaire has been Successfully Approved

Questionnaire

Name WG Short Set of Questions on Disability

View Layout [Create/Edit](#)

Question(s)

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

- 1. No - no difficulty
- 2. Yes - some difficulty
- 3. Yes - a lot of difficulty
- 4. Cannot do at all

2. Do you have difficulty hearing, even if using a hearing aid?*

- 1. No - no difficulty
- 2. Yes - some difficulty
- 3. Yes - a lot of difficulty
- 4. Cannot do at all

3. Do you have difficulty walking or climbing steps?*

- 1. No - no difficulty
- 2. Yes - some difficulty
- 3. Yes - a lot of difficulty
- 4. Cannot do at all

4. Do you have difficulty remembering or concentrating?*

- 1. No - no difficulty
- 2. Yes - some difficulty
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5. Do you have difficulty (with self-care such as) washing all over or dressing?*

- 1. No - no difficulty
- 2. Yes - some difficulty
- 3. Yes - a lot of difficulty
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6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?*

- 1. No - no difficulty
- 2. Yes - some difficulty
- 3. Yes - a lot of difficulty
- 4. Cannot do at all

7. Comments (If any)

[Back](#)

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