

Questionnaire New ⓘ

Questionnaire Information

* Name

WG Short Set of Questions on Disability



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Save

□. Questionnaire 保存済みのアンケートに新しい質問を追加するには **Add Question** をクリックしてください。

Questionnaire Draft ⓘ

Questionnaire has been Successfully Saved

Questionnaire

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

Question(s)

No Questions are Available

Add Question



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□. アンケートの質問を追加するには、**Title**、**Question Number**、および **Question** の欄に必要事項を入力してください。

Questionnaire Name WG Short Set of Questions on Disability

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 -

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1. Questionnaire Name WG Short Set of Questions on Disability **Answer Type** Questionnaire Name

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

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

- Please Select -

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

- **Text (Multi-line):** 可編輯 可刪除 可複製 可貼上 可選擇 可放大 可縮小 可旋轉 可移動 可刪除 可複製 可貼上 可選擇 可放大 可縮小 可旋轉 可移動
- **Date:** 可編輯 可刪除 可複製 可貼上 可選擇 可放大 可縮小 可旋轉 可移動 可刪除 可複製 可貼上 可選擇 可放大 可縮小 可旋轉 可移動
- **Time:** 可編輯 可刪除 可複製 可貼上 可選擇 可放大 可縮小 可旋轉 可移動 可刪除 可複製 可貼上 可選擇 可放大 可縮小 可旋轉 可移動
- **Radio:** 可 Answer Type 可 可編輯 可刪除 可複製 可貼上 可選擇 可放大 可縮小 可旋轉 可移動 可刪除 可複製 可貼上 可選擇 可放大 可縮小 可旋轉 可移動
- **DropDown:** 可編輯 可刪除 可複製 可貼上 可選擇 可放大 可縮小 可旋轉 可移動 可刪除 可複製 可貼上 可選擇 可放大 可縮小 可旋轉 可移動
- **Checkbox:** 可編輯 可刪除 可複製 可貼上 可選擇 可放大 可縮小 可旋轉 可移動 可刪除 可複製 可貼上 可選擇 可放大 可縮小 可旋轉 可移動
- **Address:** 可編輯 可刪除 可複製 可貼上 可選擇 可放大 可縮小 可旋轉 可移動 可刪除 可複製 可貼上 可選擇 可放大 可縮小 可旋轉 可移動
- **Read-only:** 可編輯 可刪除 可複製 可貼上 可選擇 可放大 可縮小 可旋轉 可移動 可刪除 可複製 可貼上 可選擇 可放大 可縮小 可旋轉 可移動
- **Program:** 可編輯 可刪除 可複製 可貼上 可選擇 可放大 可縮小 可旋轉 可移動 可刪除 可複製 可貼上 可選擇 可放大 可縮小 可旋轉 可移動
- **Login:** 可編輯 可刪除 可複製 可貼上 可選擇 可放大 可縮小 可旋轉 可移動 可刪除 可複製 可貼上 可選擇 可放大 可縮小 可旋轉 可移動
- **Attachment:** 可編輯 可刪除 可複製 可貼上 可選擇 可放大 可縮小 可旋轉 可移動 可刪除 可複製 可貼上 可選擇 可放大 可縮小 可旋轉 可移動

4. 可編輯 可刪除 可複製 可貼上 可選擇 可放大 可縮小 可旋轉 可移動 **Save** 可編輯 可刪除 可複製 可貼上 可選擇 可放大 可縮小 可旋轉 可移動

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

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Edit

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

Answer Option

Answer Option Info

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

* **Label**

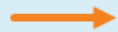
No - no difficulty

About 482 characters left

* **Option Number**

1

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Save

Therap Global is a leading provider of digital health solutions. We are currently seeking qualified individuals for various roles. If you are interested in joining our team, please click the **Edit** button to update your profile.

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](#)

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1. Questionnaire [WG Short Set of Questions on Disability](#) **Answer Type** [Radio](#) [Edit](#) [Add Answer Option](#)

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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	<div> <input type="radio"/> 1. No - no difficulty Edit </div> <div> <input type="radio"/> 2. Yes – some difficulty Edit </div> <div> <input type="radio"/> 3. Yes – a lot of difficulty Edit </div> <div> <input type="radio"/> 4. Cannot do at all Edit </div>

Add Answer Option

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←

Delete

Edit

00. 0000000000 0000000 0 000 0000000000 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

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Delete

Approve

注意: 本問問紙は承認済み (Approved) 問問紙です。 **Copy, Export or Discontinue**
本問問紙は承認済み (Approved) 問問紙です。 本問問紙は承認済み (Approved) 問問紙です。

Questionnaire Approved

Questionnaire has been Successfully Approved

Questionnaire

Name WG Short Set of Questions on Disability

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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
- ☐ 3. Yes - a lot of difficulty
- ☐ 4. Cannot do at all

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

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)

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