

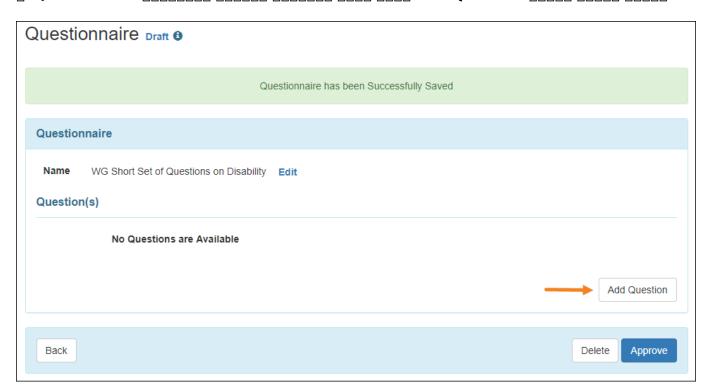
# **Questionnaire** [][][]

Therap $\square\square\square\square\square\square\square\square\square\square\square\square\square$ $Clinical Admin$ $\square\square\square\square\square\square\square\square\square\square\square\square\square\square\square$ $\square\square\square$ $\square\square\square$ $\square\square\square$
Questionnaire

To Do	General		
Individual	Provider	Preferences   Password Policy   Archive Preference	
Agency	Change Password	User List	
Reports	User Privileges	Manage   Archive   Legacy Archive Upto Jul 2011	
Individual Home Page	Admin Roles	List   Legacy Archive	
Settings	Questionnaire	Manage Location   Manage Activity Type	
	Case Note Template	Create Template   Search Template   Template Configuration	

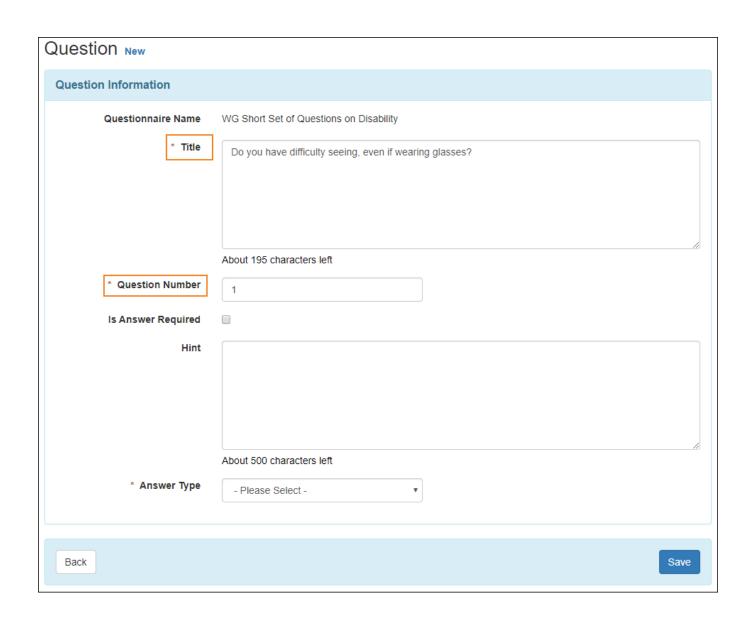






OCCUPATION CONTROL TITLE CONTROL QUESTION Number CONTROL CO





0. 00000 0000000 000 000000 **Answer Type** 0000000 00000



#### 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	- Please Select - Numeric (Decimal)				
Is Answer Required	Numeric (Integer) Text Text (Multi-line)				
Hint	Date Time				
	Radio DropDown				
	DropDown (Custom) Checkbox				
	Address Read-only Program				
	Login Attachment				
* Answer Type	- Please Select - v				
Back	Save				



- $\circ$  Time: 0000 000000 000 HH:MM 0000000 000 0000000 0000



### Question New

Question Information	
Questionnaire Name * Title	WG Short Set of Questions on Disability  Do you have difficulty seeing, even if wearing glasses?
	About 195 characters left
* Question Number	1
Code	
Is Answer Required	
Hints	
	About 500 characters left
* Answer Type	Radio
Back	Save



## Question Approved 6

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
				• 00000 00000 00000



### **Answer Option**

Answer Option Info	
Question Title	Do you have difficulty seeing, even if wearing glasses?
* Label	No - no difficulty
* Option Number	About 482 characters left  1
Back	Save



# Question Approved 6

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				
	2. Yes – some difficulty Edit				
	Add Answer Option				
Back	Delete Edit				

Questionnaire
00000000 0000 000000 000000 0000 000000
<b>Option</b>
Questionnaire



## Question Approved 9

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				

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#### Questionnaire Draft 9

Back

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

Delete Approve



		(Approved)	Questionnai	re [[[[[[[] Co	opy, Export	or
Discontinue [	0 000 0000000 000 0		(Approved)	Questionnair	e 00000 000	



#### Questionnaire Approved 9

Questionnaire has been Successfully Approved

Questionnaire		
Name	WG Short Set of Questions on Disability	
View Layout	Create/Edit	
Question(s)		
adoston(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		
<ul> <li>4. Cannot do at all</li> </ul>		
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		
<ul> <li>4. Cannot do at all</li> </ul>		
3. Do you have difficulty walking or climbing steps?*		
0 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		
<ul><li>4. Cannot do at all</li></ul>		
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		
<ul> <li>4. Cannot do at all</li> </ul>		
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		
<ul> <li>4. Cannot do at all</li> </ul>		
7. Comments (If any)		
		10
Back		Copy Export Discontinue

