

## Questionnaire 新增 新增

Therap 系統管理員可透過 **Clinical Admin** 系統管理員介面新增、刪除、  
**Questionnaire** 系統管理員可透過系統管理員介面新增、刪除、  
系統管理員可透過系統管理員介面 (Approved) **Questionnaire** 系統管理員 **Casenote**  
系統管理員可透過系統管理員介面新增、刪除、

1. Admin 系統管理員可透過 **Questionnaire** 系統管理員 **Create** 系統管理員可透過系統管理員

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

2. 系統管理員可透過 **Questionnaire** 系統管理員 **Name** 系統管理員 **Save** 系統管理員可透過系統管理員

## Questionnaire New ⓘ

### Questionnaire Information

\* Name

WG Short Set of Questions on Disability

Back

Save

□. Questionnaire 保存済みのアンケートの質問を追加する Add Question ボタン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

Back

Delete

Approve

□. アンケートの質問を追加する Title 質問番号 質問本文 質問の順番を指定する 質問の順番を指定する 質問の順番を指定する 質問の順番を指定する

## 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** □□□□□□□□ □□□□□



- **Text (Multi-line):** 可输入多行文本，用于记录详细的临床观察或患者反馈。
- **Date:** 选择日期格式 MM/DD/YYYY，用于记录事件发生的具体日期。
- **Time:** 选择时间格式 HH:MM，用于记录事件发生的具体时间。
- **Radio:** 选择 Answer Type，用于记录患者的回答类型，如 Yes/No/Not Sure 等。
- **DropDown:** 选择预设选项，用于记录标准化的临床数据，如性别、年龄等。
- **Checkbox:** 勾选或取消勾选，用于记录二元化的临床特征，如是否吸烟、是否饮酒等。
- **Address:** 输入患者地址，包括 Street 1, Street 2, City, Postal Code, Country 等字段。
- **Read-only:** 显示只读信息，用于记录无法更改的历史数据或系统生成的标识符。
- **Program:** 选择患者参与的计划或项目，用于跟踪治疗效果和参与度。
- **Login:** 记录用户登录信息，用于追踪数据录入者的身份。
- **Attachment:** 上传相关文件，如医疗影像、实验室报告等，用于支持临床决策。

4. 完成数据录入后，点击 **Save** 按钮保存记录。

## 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

**Code**

**Is Answer Required** ☐

**Hints**

About 500 characters left

**\* Answer Type** Radio

Back

Save

4. 問題を作成する際、問題を作成する **Add Answer Option** ボタンをクリックすると、問題の回答オプションを追加できます。このボタンをクリックすると、**Add Answer Option** ボタンが表示され、**'Answer Option'** フィールドに新しい回答オプションを入力できます。このボタンをクリックすると、問題の回答オプションを追加できます。

## 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

4. **'Answer Option'** 入力, **Label** 入力後、**Option Number** 入力後、  
入力後、**Save** 入力後、





## 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](#)

1. 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

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## 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

Back

Delete

Approve

□□□: □□□□□□□□□□□□ □□□□□□□□□□ (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
- ☐ 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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