Create Questionnaire

The Questionnaire module allows users with appropriate administrative privileges to create and add survey questions to a questionnaire. An approved **Questionnaire** form can be accessed from the **Case Note** module.

Users with *Clinical Admin* administrative role will be able to access the Questionnaire module.

1. Click on the **Create** link next to the **Questionnaire** option from the **Admin** tab.

2. On the 'Questionnaire' page, enter the **Name** of the questionnaire and click on the **Save** button to save the Questionnaire.

3. To add questions to the questionnaire form, click on the **Add Question** button.

4. On the 'Question' page, enter the **Title** of your question. The **Question Number** field will be auto populated with a number in the order that you add your questions to the form. However you may change the ordering with your desired value 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

5. Select the **Answer Type** from the list based on the format of the question you want to create.

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)
Numeric (Integer)
Text
Text (Multi-line)
Date
Time
Radio
DropDown
DropDown (Custom)
Checkbox
Address
Read-only
Program
Login
Attachment

Is Answer Required

Hint

* Answer Type   - Please Select - ▾ ⟵

Back   Save

Note:

- The Answer Type field is a drop-down list from which you may select the following:
  - Numeric (Decimal): Only decimal number values can be entered when answering.
  - Numeric (Integer): Only integer/whole number values can be entered when answering.
  - Text: Up to 255 characters can be entered when answering. The text entered here does not get wrapped.

- Text (Multi-line): Up to 3000 characters can be entered when answering. The text entered here gets wrapped.
- Date: Date values in the format MM/DD/YYYY can be entered when answering.
- Time: Time values in the format HH:MM can be entered when answering.
- Radio: Allows entry of radio buttons with different values that can be selected as needed when answering. Up to 60 answer options can be added for Radio Buttons, and only one item can be selected when answering.
- DropDown: Allows entry of different values in a drop-down list that can be selected as needed when answering. Up to 60 answer options can be added for drop-down items, and only one item can be selected when answering.
- DropDown (Custom): Will populate a 'Answer Option RefList' field which pulls sets of dropdown items associated with other modules. This will be functional in a future release.
- Checkbox: Allows entry of multiple values for checkboxes that can be selected as needed when answering. Up to 60 answer options can be added for checkboxes, and multiple items can be selected when answering.
- Address: Address information can be entered in the format Street 1, Street 2, City, Postal Code,, Country when answering.
- Read-only: Allows users to only read the text and not enter any sort of answer for it.
- Program: Populates the programs that the individual is enrolled in.
- Login: Populates the names and respective titles of all Active users in the system.
- Attachment: Allows ability to scan/upload external attachments when answering

6. After you have entered necessary information, click on the **Save** button.

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

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7. On the next page, you may use the **Add Answer Option** button to include answer options for the Question. You will be taken to the 'Answer Option' page where you can enter an option for a possible answer and set the ordering

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

8. In the 'Answer Option page', enter the **Label** of the option for a possible answer; the **Option Number** field will be auto populated. Click on the **Save** button to save the option.

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

Back   Save

On the next page, you may add more options according to your needs. You will also be able to edit the previously entered option(s) if needed.

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

9. The format in which the answer options will be displayed on the Questionnaire depends on the particular Answer Types that you selected. You may edit the entered answer option(s) and continue to add more if needed. Clicking the **Back** button will take you to the Questionnaire page.

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

10. Once you have prepared your questions and added answer options for them, click on the **Approve** button to approve the Questionnaire form.

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

Note: For an approved Questionnaire form, users will be able to **Copy, Export** or **Discontinue** it. They will not be able to edit approved questionnaires.

Questionnaire 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)

[text area]

Back   Copy   Export   Discontinue