

1. Questionnaire (問卷調查) 是 最常用最簡單 的 研究 方法, **Case Note (個案 記錄)** 是 最簡單 的 **Questionnaire (問卷調查)** 方法 **Open (開放式問卷)** 是 最簡單 的 方法

WG Short Set of Questions on Disability

No Question Answered

Open

2. **Save & Next** (儲存並繼續)

Answer Questionnaire

WG Short Set of Questions on Disability

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

[Answer Required]

2. Do you have difficulty hearing, even if wearing hearing aids?*

[Answer Required]

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

[Answer Required]

4. Do you have difficulty remembering things?*

[Answer Required]

5. Do you have difficulty (with self-care or housework)?*

[Answer Required]

6. Using your usual (customary) language, do you have difficulty understanding what others say?*

[Answer Required]

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

- ☒ No - no difficulty ←
- ☐ Yes - some difficulty
- ☐ Yes - a lot of difficulty
- ☐ Cannot do at all

3. Save (保存) ボタンをクリックすると、現在の回答が保存されます。また、回答を削除する場合は **Delete Answer** (回答を削除) ボタンをクリックしてください。また、回答を閉じる場合は **Close Popup** (ポップアップを閉じる) ボタンをクリックしてください。

Answer Questionnaire

WG Short Set of Questions on Disability

Filter

Reset

1. Do you have difficulty seeing, even with glasses?
[Answered]

2. Do you have difficulty hearing, even with hearing aids?
[Answered]

3. Do you have difficulty walking or climbing stairs?
[Answered]

4. Do you have difficulty remembering things?
[Answered]

5. Do you have difficulty (with self-care or usual activities) dressing or grooming (e.g., washing, drying, combing hair, putting on shoes, etc.)?
[Answered]

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

Successfully Saved

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

☒ No - no difficulty

☐ Yes - some difficulty

☐ Yes - a lot of difficulty

☐ Cannot do at all

Prev

Delete

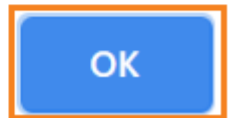
Save

Close Popup

4. Close Popup (閉じる ボタン) ボタンを 押したら、メッセージボックス ボックスを 閉じる 処理を 実行する。OK (確定) ボタンを 押したら、メッセージボックス ボックスを 閉じる 処理を 実行する。

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Please remember to Save/Update the Case Note form after closing the pop-up.



Questionnaire ()

Questionnaire

WG Short Set of Questions on Disability

Question	Answer
1. Do you have difficulty seeing, even if wearing glasses?	No - no difficulty
2. Do you have difficulty hearing, even if using a hearing aid?	Yes – some difficulty
3. Do you have difficulty walking or climbing steps?	No – no difficulty
4. Do you have difficulty remembering or concentrating?	No – no difficulty
5. Do you have difficulty (with self-care such as) washing all over or dressing?	No – no difficulty
6. Using your usual (customary) language, do you have difficulty communicating, for	No – no difficulty

Open

注意: 保存/提出する前に、このケースノート (Case Note) を確認してください。
保存/提出 (Save/Submit) ボタンをクリックすると、このケースノートが保存されます。

Cancel

Back

Save

Submit