

Create Questionnaire (



1. Admin (DDDDDD) DDDDDDD Questionnaire (DDDDDDDD) DDDDDDD DDDD Create (DDDDDD DDDDDD) DDDDDD DDDDD DDDDDD

To Do	General	
Individual	Provider	Preferences Password Policy Archive Preference
Agency Reports	Change Password	User List
	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. Questionnaire ('00000000) 000000, 00000000 Name (000) 0000000 0000000



0 00000000 000 0000 **Save** (000) 00000 00000 00000000

Questionnaire New 3				
	Questionnaire Informa	ation		
	* Name	WG Short Set of Questions on Disability		
	Back			Save

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

4. Question (_____) _____, _____ Title (_____) _____ ____ ____

NeraO_{Global}

Person-Centered. Data-Driven.

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



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

Note ([][]):

- - Text []]: []]] 255 []]] 255 []]] 200 []]]

Person-Centered. Data-Driven.

- **Date** [][]]: [][]] [][][] MM/DD/YYYY [][][][][] [][]] [][][]] [][]]
- Time []]: []]] []] []] HH:MM []][]] []] []] []]

- $^{\circ}$ Address [_____] = [____] = [__] = [_] = [
- \circ Read-only []____ []__ []__ []___ []__ []__ []__ []__ []__ []___ []___ []___ []___ []___ []___ []___ []___ []___ []___ []___ []__ []___ []
- **Program** []______: []______ []____ []____ []____

6. 000000 00000 000000 000000, **Save** (000) 00000 000000000



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



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

Answer Option Info	
Question Title	Do you have difficulty seeing, even if wearing glasses?
* Label	No - no difficulty
* Option Number	About 482 characters left
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 Edit
	○ 2. Yes – some difficulty Edit
	Add Answer Option
Back	Delete Edit



Question Approved 6

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	O 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



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	
O 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 De van here difficultur omerskering er eensetteding?*	Show Details
4. Do you have dimoutly remembering or concentrating?	
1. No - no difficulty	
2. Yes - some aimcuity	
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	
O 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	
O 4. Cannot do at all	
	Show Details
7. Comments (If any)	
	Show Details
	Add Question
Back	Delete Approve





Questionnaire Approved 8

	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 seein	ıg, even if wearing glasses?*	
0 1. No - no difficulty		
2. Yes – some difficulty		
3. Yes – a lot of difficulty		
4. Cannot do at all		
2. Do you have difficulty heari	ng, even if using a hearing aid?"	
0 1. No - no difficulty		
2. Yes – some difficulty		
3. Yes – a lot of difficulty		
4. Cannot do at all		
3. Do you have difficulty walki	ng 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 reme	mbering or concentrating?"	
0 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 (customa example understanding or bei	y) language, do you have difficulty communicating, for ng understood?"	
1. No - no difficulty		
2. Yes – some difficulty		
3. Yes – a lot of difficulty		
4. Cannot do at all		
7. Comments (If any)		
		10
Back		Copy Export Discontinue

