



The Washington Group Short Set on Functioning – Enhanced: Question Specifications

Introduction

The WG Short Set on Functioning – Enhanced was developed, tested and adopted by the Washington Group on Disability Statistics (WG). The basic actions represented in this set of 12 questions are those that are most often found to limit an individual and result in participation restrictions. The domains in the WG Short Set – Enhanced expand upon the six WG Short Set domains *with the addition* of two questions on upper body functioning and four on affect or psychosocial functioning: two questions on anxiety and two questions on depression.

Domains were selected using the criteria of simplicity, brevity, universality and comparability. The information that results from the use of these questions will, a) represent the majority of, but not all, persons with limitation in basic actions, b) represent the most commonly occurring limitations in basic actions, and c) be able to capture persons with similar problems across countries.

This document provides a description of each of the questions in the WG Short Set – Enhanced (WG-SS Enhanced). Information on the intent of the question, the concepts being measured and the purpose of the specific language used is presented in order to improve understanding for translation and administration of the questions, as well as analysis of the resulting data.

The specifications have the dual purpose of aiding the translator in preparing a translation into the local language(s) and the interviewer in preparing for fieldwork and data collection. Question specifications explain to the translator and interviewer the purpose of the question, why particular wording is used, and describes in detail the main concepts that are being measured.

Administration of the Questions

The first six questions (WG-SS) have four response categories, which are read after each question. The response categories capture the full spectrum of functioning from mild to severe.

The **Washington Group Implementation Documents** cover the tools developed by the Washington Group on Disability Statistics (WG) to collect internationally comparable disability data on censuses and surveys. The documents address best practices in implementing the Short Set, Extended Set, Short Set – Enhanced, the WG / UNICEF Child Functioning Modules for children 2-4 and 5-17 years of age, and the WG / ILO LFS Disability Module, as well as other WG tools. Topics include translation, question specifications, analytic guidelines, programming code for analyses, the use of the tools for the purposes of disaggregation, and more.

To locate other WG Implementation Documents and more information, visit the Washington Group website: <http://www.washingtongroup-disability.com/>.

1. No, no difficulty
2. Yes, some difficulty
3. Yes, a lot of difficulty
4. Cannot do it at all

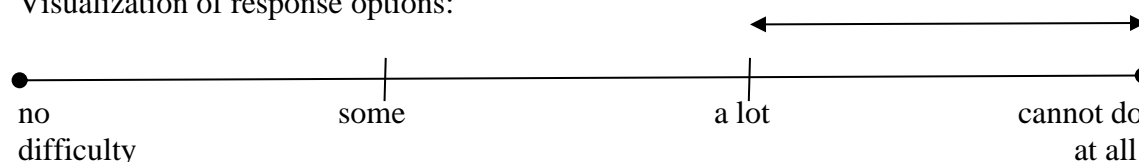
It is recommended that the response options be read aloud as part of each of the six questions as follows:

“Do you have difficulty walking or climbing steps? Would you say:
 No, no difficulty,
 Yes, some difficulty,
 Yes, a lot of difficulty, or
 Cannot do it at all”

Respondents may become familiar with the answer categories after the first few questions. In this case, the recommendation to repeat the categories can be relaxed. This is most likely to occur when the questions are asked of multiple people in a household. If respondents provide responses using the required answer categories, the categories do not need to be repeated after every questions. They should be repeated as soon as the respondent does not use the required category (e.g., responds ‘yes’) or after the second or third question. Enumerators will require training in when it is appropriate to not read the answer categories.

Responses to the Washington Group questions attempt to describe a continuum of functioning and response categories were selected to evenly distribute responses along a continuum. ‘No difficulty’ and ‘cannot do at all’ are the extremes of the distribution, anchoring its endpoints, and are clear concepts that are unambiguous and straightforward. ‘Some difficulty’ and ‘a lot of difficulty’ are less definitive. For example, ‘some’ and ‘a lot’ should not be understood or interpreted as ‘moderate’ and ‘severe’ respectively. The result of such an interpretation would skew the distribution towards the ‘cannot do at all’ end of the continuum and would miss many of those at risk if the recommended cut-off of ‘a lot of difficulty’ was utilized. The words ‘some’ and ‘a lot’ were selected to divide the continuum into three relatively equal parts.

Visualization of response options:



The distribution above creates four points equally distributed among the continuum that allows respondents to more easily discriminate among options. The recommended cut-off correctly identifies those with the intended level of difficulties. The translation of ‘some’ and ‘a lot’ should identify the population with the same functional status as that identified by the cognitively tested English version. Whether this has been successful can be determined by cognitively testing the translated questions.

Respondents may become familiar with the answer categories after the first few questions. In this case, the recommendation to repeat the categories can be relaxed. This is even more likely to occur when the questions are asked of multiple people in a household. If respondents provide responses using the required answer categories, the categories do not need to be repeated after every question. They should

be repeated as soon as the respondent does not use the required category (e.g., responds ‘yes’) or after the second or third question.

Different response options are used for the affect domain – anxiety and depression. For questions that use a different set of answer categories, the response options should be read for the first administration of the question and thereafter as needed. Enumerators will require training in when it is appropriate to not read the answer categories.

Question Specifications

Introductory Statement: The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM.

The purpose of the introduction is to transition from questions in the census or survey that deal with other subject matter to a new area of inquiry, and get the respondent to focus on difficulties they may have that relate to physical or mental health. It will not be needed in all situations. It is also possible to change the wording of the introduction as needed as long as the word ‘disability’ is not used. Recommended alternatives are:

- The next questions ask about difficulties you may have in doing certain activities.
- Now I am going to ask you some questions about your ability to do different activities.

For more information, see the Washington Group FAQ on this subject at:

<http://www.washingtongroup-disability.com>

Included are difficulties that occur within a health context, *not* those caused by a lack of resources.

Health refers to the general condition of the body or mind with reference to soundness, vitality, and freedom from disease.

Problem refers to the respondent’s perception of a departure from physical, mental or emotional well-being. This includes specific health problems such as a disease or chronic condition, a missing limb or organ or any type of impairment or physical or psychological symptoms. It also includes more vague disorders not always thought of as health-related such as senility, depression, developmental delay or intellectual impairment, drug dependency, accidental injuries, etc.

Seeing:

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

The purpose of this question is to identify persons who have vision difficulties or problems seeing even when wearing glasses (if they wear glasses).

Seeing refers to an individual using his/her eyes and visual capacity in order to perceive or observe what is happening around them.

Seeing, continued:

Even when wearing glasses refers to difficulty seeing with glasses if the respondent has, and uses, them – NOT how vision would be if glasses, or better glasses, were provided or available.

Included are problems:

- seeing things close up or far away, and
- seeing out of one eye or only seeing directly in front but not to the sides.

Any problem with vision that the respondent considers a problem should be captured.

Hearing:**2. Do you have difficulty hearing, even if using a hearing aid?**

The purpose of this item is to identify persons who have some hearing limitation or problems of any kind with their hearing even when using a hearing aid (if they wear a hearing aid).

Hearing refers to an individual using his/her ears and auditory (or hearing) capacity in order to know what is being said to them or the sounds of activity, including danger that is happening around them.

Even if using a hearing aid refers to difficulty hearing with a hearing aid if the respondent has, and uses, that device – NOT how hearing would be if hearing aids, or better hearing aids, were provided or available.

Included are problems:

- hearing in a noisy or a quiet environment,
- distinguishing sounds from different sources, and
- hearing in one ear or both ears.

Any difficulty with hearing that is considered a problem should be captured.

Walking or Climbing Steps:**3. Do you have difficulty walking or climbing steps?**

The purpose of this item is to identify persons who have some limitation or problems of any kind getting around on foot.

Walking refers to the use of lower limbs (legs) in such a way as to propel oneself over the ground to get from point A to point B. The capacity to walk should be without assistance of any device (wheelchair, crutches, walker etc.) or human. If such assistance is needed, the person has difficulty walking.

Walking or Climbing Steps, continued:

Included are problems:

- walking short (about 100 yards/meters) or long distances (about 500 yards/meters),
- walking any distance without stopping to rest is included, and
- walking up or down steps.

Difficulties walking can include those resulting from impairments in balance, endurance, or other non-musculoskeletal systems, for example blind people having difficulty walking in an unfamiliar place or deaf people having difficulty climbing stairs when there is no lighting.

Any difficulty with walking (whether it is on flat land or up or down steps) that is considered a problem should be captured.

Cognition:

4. Do you have difficulty remembering or concentrating?

The purpose of this item is to identify persons who have some problems with remembering or focusing attention that contribute to difficulty in doing their daily activities.

Remembering refers to the use of memory to recall incidents or events. It means the individual can bring to mind or think again about something that has taken place in the past (either the recent past or further back). With younger people, remembering is often associated with storing facts learned in school and being able to retrieve them when needed.

Remembering should NOT be equated with memorizing or with good or bad memories.

Concentrating refers to the use of mental ability to accomplish some task such as reading, calculating numbers, learning something. It is associated with focusing on the task at hand in order to complete the task.

Included are problems:

- finding one's way around, being unable to concentrate on an activity, or forgetting one's whereabouts or the date, and
- problems remembering what someone just said or becoming confused or frightened about most things.

Any difficulty with remembering, concentrating or understanding what is going on around them that they or family members (if the family member is the respondent) consider a problem should be captured.

Note: difficulties remembering or concentrating because of common everyday situations such as high workload or stress, or as a result of substance abuse are EXCLUDED.

Self-Care:

5. Do you have difficulty (with self-care such as) washing all over or dressing?

The purpose of this item is to identify persons who have some problems with taking care of themselves independently.

Washing all over refers to the process of cleaning one's entire body (usually with soap and water) in the usual manner for the culture.

The washing activity includes cleaning hair and feet, as well as gathering any necessary items for bathing such as soap or shampoo, a wash cloth, or water.

Dressing refers to all aspects of putting clothing or garments on the upper and lower body including the feet if culturally appropriate.

Included are the acts of gathering clothing from storage areas (i.e. closet, dressers), securing buttons, tying knots, zipping, etc.

Washing and dressing represent tasks that occur on a daily basis and are considered basic, universal activities.

Communication:

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

The purpose of this item is to identify persons who have some problems with talking, listening or understanding speech such that it contributes to difficulty in making themselves understood to others or understanding others.

Communicating refers to a person exchanging information or ideas with other people through the use of language.

Communication difficulties can originate in numerous places in the exchange process. It may involve mechanical problems such as hearing impairment or speech impairment, or it may be related to the ability of the mind to interpret the sounds that the auditory system is gathering and to recognize the words that are being used or an inability of the mind to compose a sentence or say a word even when the person knows the word and sentence.

Included is the use of the voice for the exchange or using signs (including sign language) or writing the information to be conveyed.

Included are problems making oneself understood, or problems understanding other people when they speak or try to communicate in other ways.

NOTE: Difficulty understanding or being understood due to non-native or unfamiliar language is NOT included.

Upper Body:

7. Do you have difficulty raising a 2 liter bottle of water or soda from waist to eye level?

8. Do you have difficulty using your hands and fingers, such as picking up small objects, for example, a button or pencil, or opening or closing containers or bottles?

The purpose of this domain is to identify persons with difficulty in the coordination of arm/shoulder or hand/wrist muscle movements). 'Upper Body' is a concept that embraces a number of body structures and functions that include the shoulder, upper arm, lower arm, wrist or hand as well as back, and/or torso.

Upper body functioning requires two questions to adequately capture the full spectrum of activity in this domain. For this reason, it could not be included among the WG-SS questions. While the WG-SS self-care question, eliciting difficulty 'washing all over or dressing', will implicitly include many of those with difficulties in upper body functioning, many may not be identified with the self-care question. In addition, beyond upper body functioning, the self-care question will identify other, more complex difficulties associated with cognitive functioning, such as in choosing the appropriate clothes for the occasion and weather conditions.

The two Upper body questions focus on these activities:

Raising a two liter bottle from waist to eye level captures aspects of the strength and coordination of arm and shoulder functioning and the ability of the hand/fingers to grip and hold.

A two liter bottle was chosen after considerable testing in several countries/languages. It was found to an object that was common universally.

Picking up small objects or opening or closing containers captures the fine motor aspects of hand and finger coordination, dexterity, strength and movement.

Affect – Anxiety and Depression:

NOTE: Answer categories for these questions differ from earlier domains. These are included in the specifications below.

9. How often do you feel worried, nervous or anxious?

- 1. Daily**
- 2. Weekly**
- 3. Monthly**
- 4. A few times a year**
- 5. Never**

10. Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings?

1. A little
2. A lot
3. Somewhere in between a little and a lot

11. How often do you feel depressed?

1. Daily
2. Weekly
3. Monthly
4. A few times a year
5. Never

12. Thinking about the last time you felt depressed, how depressed did you feel?

1. A little
2. A lot
3. Somewhere in between a little and a lot

Affect is the domain of functioning dealing with emotional functions including feelings of depression and anxiety. These two domains are important to measure as they provide indications of psychosocial disability. Feelings of depression and anxiety are common occurrences in most people's lives. The answer categories allow for the identification of the most severe feelings of anxiety and depression.

Most people may at times have some worries and may feel sad, but when these feelings become both frequent and significant and result in restlessness, exhaustion, inattentiveness, irritability, tension, and sleep problems, they may interfere with the person's ability to interact and participate socially.

These questions are not meant to capture the response to a transitory event such as the anxiety associated with, for example, giving a presentation before colleagues and peers; or even the normal grieving process such as one that accompanies the death of a family member.

Both anxiety and depression are measured on two dimensions: frequency and intensity; and the response categories are different from the previous domains of functioning.

How often one feels worried/nervous/anxious or depressed is a measure of frequency along a continuum from never having those feelings, to some days, most days or every day at the other end of the spectrum.

The **level of these feelings** is a measure of the intensity of the anxiety/depression experienced also described along a continuum ranging from a little to a lot, or somewhere in between a little and a lot. The question on level of feelings refers to 'the last time' the respondent had those feeling. The

question focuses on the most recent occurrence because intensity can vary across occurrences and this standardizes the reference for all respondents.

These two dimensions are combined to describe a continuum of functioning in these domains.

Affect – Anxiety and Depression, continued:

The WG-SS did not include questions on psychosocial functioning since it was not possible to measure anxiety and depression using a single question (a WG-SS requirement), and this domain of functioning was considered inappropriate in a census setting (also an early WG requirement for the WG-SS).