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Introduction

Methods & Materials

Figure 1 – Comparison between WHODAS 2.0 and WAPP.In flashcards

WHODAS 2.0

WAPP.In

Flashcard 1:

The role of Environmental Factors

When answering, use this scale which describes the role of environmental factors in the activities that we are going to explore. The role of the environmental factors can be "negative" (Barrier Effect: "they hindered me in doing the activity") or "positive" (Facilitator effect: "they helped me to do the activity"). When answering, think about natural environment – climate or land forms; human built environment – drugs, devices, furniture, built environment; people; institutions – services, organizations, rules – and, in general, everything that influences you in doing the activity.

Effect	N	L	M	S	C
	NO hindrance	LOW hindrance	MODERATE hindrance	SEVERE hindrance	COMPLETE hindrance

Effect	N	L	M	S	C
	NO help	LOW help	MODERATE help	SEVERE help	COMPLETE help

Flashcard 2:

Meaning of difficulty

"Difficulty in doing an activity or in participating in a life situation" means:

- Increased effort
- Discomfort or pain
- Slowness
- Changes in the way you do the activity or participate.

Flashcard #1:

Meaning of health condition and difficulty

By health condition I mean diseases or illnesses, or other health problems that may be short or long lasting; injuries; mental or emotional problems; and problems with alcohol or drugs.

Remember to keep all of your health problems in mind as you answer the questions. When I ask you about difficulties in doing an activity think about ...

Health conditions:

- Diseases, illnesses or other health problems
- Injuries
- Mental or emotional problems
- Problems with alcohol
- Problems with drugs

Having difficulty with an activity means:

- Increased effort
- Discomfort or pain
- Slowness
- Changes in the way you do the activity

Think about the past 30 days only

Flashcard #2:

Level of difficulty

When answering, I'd like you to think back over the past 30 days. I would also like you to answer these questions thinking about how much difficulty you have had, on average, over the past 30 days, while doing the activity as you usually do it.

1	2	3	4	5
None	Mild	Moderate	Severe	Extreme or cannot do

Flashcard 3:

Level of difficulty

When answering, I'd like you to think back over the past 30 days.

I would also like you to answer these questions thinking about how much difficulty you have had, on average, over the past 30 days, in doing the activity considering people closed to you or people you have to deal with, devices you are using or drugs you are taking and, in general, everything that influence you while doing the activity (natural environment, services/organizations, rules etc.). When answering, use this scale which describes how much difficulty you had in doing the activity or in participating.

NONE difficulty	MILD difficulty	MODERATE difficulty	SEVERE difficulty	EXTREME difficulty
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I am now going to ask you some questions about:													
d510	Washing oneself: Washing and drying one's whole body, or body parts, such as bathing, showering												
In the past 30 days did you do this activity? <input type="checkbox"/> Yes (Go to 1) <input type="checkbox"/> No (Go to A)													
A) Did you not do the activity because you were hindered by someone? <input type="checkbox"/> Yes (Go to 2-2a) <input type="checkbox"/> No (Go to B)		<i>(Ongoing intervention project: Professionals in charge of the patient and people close to the patient)</i> 2) Could you tell me <u>who</u>?		1) Did any of the professionals in charge of your health or any of the people close to you hinder you in doing this activity? <input type="checkbox"/> Yes (Go to 2-2a) <input type="checkbox"/> No (Go to 3)					3) Did any of the professionals in charge of your health or any of the people close to you help you do this activity? <input type="checkbox"/> Yes (Go to 2-2b) <input type="checkbox"/> No (Go to 4)				
				2a) How much did he/she hinder you?					2b) How much did he/she help you?				
				N	L	M	S	C	N	L	M	S	C
				N	L	M	S	C	N	L	M	S	C
				(Go to 3)					(Go to 4)				
B) Did you not do the activity because you were hindered by something? <input type="checkbox"/> Yes (Go to 5-5a) <input type="checkbox"/> No (Go to C)		<i>(Ongoing intervention project: Products and technologies used)</i> 5) Could you tell me <u>what</u>?		4) Did any product or technology you are using hinder you in doing this activity? <input type="checkbox"/> Yes (Go to 5-5a) <input type="checkbox"/> No (Go to 6)					6) Did any product or technology you are using help you do this activity? <input type="checkbox"/> Yes (Go to 5-5b) <input type="checkbox"/> No (Go to 7)				
				5a) How much did it hinder you?					5b) How much did it help you?				
				N	L	M	S	C	N	L	M	S	C
				N	L	M	S	C	N	L	M	S	C
				(Go to 6)					(Go to 7)				
C) Did you not do the activity because health services hindered you ? <input type="checkbox"/> Yes (Go to 8-8a) <input type="checkbox"/> No (Go to D)		<i>(Ongoing intervention project: health interventions/policies)</i> 8) Could you tell me <u>which</u> services?		7) Did the health interventions you received hinder you in doing this activity? <input type="checkbox"/> Yes (Go to 8-8a) <input type="checkbox"/> No (Go to 9)					9) Did the health interventions you received help you do this activity? <input type="checkbox"/> Yes (Go to 8-8b) <input type="checkbox"/> No (Go to 10)				
				8a) How much did they hinder you?					8b) How much did they help you?				
				N	L	M	S	C	N	L	M	S	C
				N	L	M	S	C	N	L	M	S	C
				(Go to 9)					(Go to 10)				
D) Did you not do the activity because other services/organization s hindered you? <input type="checkbox"/> Yes (Go to 11-11a) <input type="checkbox"/> No (Go to E)		<i>(Ongoing intervention project: social, welfare, education, labour interventions/policies)</i> 11) Could you tell me <u>which</u> services/organizations?		10) Did the interventions you received hinder you in doing this activity? <input type="checkbox"/> Yes (Go to 11-11a) <input type="checkbox"/> No (Go to 12)					12) Did the interventions you received help you do this activity? <input type="checkbox"/> Yes (Go to 11-11b) <input type="checkbox"/> No (Go to 13)				
				11a) How much did they hinder you?					11b) How much did they help you?				
				N	L	M	S	C	N	L	M	S	C
				N	L	M	S	C	N	L	M	S	C
				(Go to 12)					(Go to 13)				
E) Did <u>you</u> decide not to do the activity? <input type="checkbox"/> Yes (Go to next activity) <input type="checkbox"/> No (Go to 1)				13) In the past 30 days (considering everything that helped and/or hindered you) how much difficulty did you have in doing this activity?									
				None		Mild		Moderate		Severe		Extreme	

Results

An automated ICF coding was developed and an instruction manual was written to administer WAPP.In. A special attention was given to self-determination, in order to distinguish activities which cannot be performed because of barriers from activities that are not performed because of the individual's will. A version for children was studied.

Conclusions

Figure 3 – A WHODAS 2.0 question example

Domain 3 Self-care

I am now going to ask you about difficulties in taking care of yourself.

Show flashcards #1 and #2

In the past <u>30 days</u> , how much <u>difficulty</u> did you have in:		None	Mild	Moderate	Severe	Extreme or cannot do
D3.1	<u>Washing your whole body?</u>	1	2	3	4	5
D3.2	<u>Getting dressed?</u>	1	2	3	4	5
D3.3	<u>Eating?</u>	1	2	3	4	5
D3.4	<u>Staying by yourself for a few days?</u>	1	2	3	4	5

References

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