Appendix Table 1: The Washington group short set of questions on disability

Introductory Statement: "The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM."			
(a) Vision	[Do/Does] [you/he/she] have difficulty seeing, even if wearing glasses?	**(d) Cognition**	[Do/does] [you/he/she] have difficulty remembering or concentrating?
(b) Hearing	[Do/Does] [you/he/she] have difficulty hearing, even if using a hearing aid(s)?	**(e) Self-Care**	[Do/does] [you/he/she] have difficulty with self-care, such as washing all over or dressing?
(c) Mobility	[Do/Does] [you/he/she] have difficulty walking or climbing steps?	**(f) Communication**	Using [your/his/her] usual language, [do/does] [you/he/she] have difficulty communicating, for example understanding or being understood?
For each question in (a) through (f), respondents are asked to answer with one of the following: 1. No Difficulty, 2. Some Difficulty, 3. A lot of difficulty, 4. Unable to do			