Instrument	WHO Disability Assessment Schedule 2.0 – 12 Item[a]
Acronym	WHODAS 2.0 12L
Core Domain	Physical Function and Symptoms
Area assessed (Number of questions)	Total questions: 12 Cognition: 2 Mobility: 2 Self-care: 2 Getting along with people: 2 Life activities (household, leisure, and work or school): 2 Participation in society: 2
Description	A self-report questionnaire developed by the World Health Organization to provide a standardized method for measuring health and disability to reflect the International Classification of Functioning, Disability and Health (ICF). There are 3 versions of the survey: self-administered, interviewer-administered to participant and interviewer-administered to proxy. There are some slight differences between versions in terms of layout.
Versions	There is also a longer 36 item version (self, interviewer, or proxy-administered) and a 12+24-item version that is interviewer-administered). The 12-item version explains 81% of the variance in the 36-item version. (*Manual for WHO Disability Assessment Schedule*, 2010 World Health Organization at: https://catalogue.nla.gov.au/Record/4938916
Recall Period	In the past 30 days
Scoring information	Each of the 12 questions have five response options ranging in value from 0 (None) to 4 (Extreme or cannot do). The raw score is calculated by summing the values for each of the 12 questions (out of a maximum score of 48), and then converted to a percent. Higher scores indicate greater patient disability.
Estimated time to complete	5 minutes
Administer to	Patient, Proxy
Require trained administrator	No
Mode of administration	In-person, Phone
Order from	http://www.who.int/about/licensing/licence_request_form/en/
Licensing Fee *Fees and licensing information is effective as of 2016, but is subject to change over time*	No Cost
Equipment required	Survey form and pen
Number of published Critical Care publications using Instrument (1970 – 2013)*	Not available
Highest COSMIN rating (from a systematic review***)**	No evaluation completed
Additional comments	Higgins et al, Crit Care Resus 2021; 23 (1): 103-112. (n=448) • WHODAS 2.0 12 level demonstrated good correlation between items with no evidence of item redundancy in critically ill patients. • Internal Consistency (Cronbach's α = 0.91 & average split-half coefficient was 0.91). • The inter-item correlation matrix at 6 months demonstrated good correlation between items with no evidence of item redundancy (almost all inter-item

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	correlations between 0.4 and 0.8) • Construct Validity (Convergent - moderate correlation between WHODAS 2.0 and EQ VAS scores (r = −0.72; 95% CI, −0.77 to −0.67; P < 0.001), and between WHODAS 2.0 and Lawton IADL scores (r = −0.66; 95% CI, −0.71 to −0.61; P < 0.001) at 6 months) • Responsiveness: WHODAS 2.0 score changed from baseline to 3 months (*P* = 0.001) and from 3 to 6 months (*P* < 0.001). At 6 months, WHODAS 2.0 had very good scaling: the 10th, 25th, 50th, 75th and 90th percentiles were 0.0, 4.2, 16.7, 35.4 and 52.7 respectively. • Ceiling effects were not present (0.4%, 0.6%, and 0.4% with maximum score at baseline, 3 and 6 months, respectively) and floor effects were present at baseline only (29.1%, 12.1%, 15.8% with score of 0 at baseline, 3 and 6 months, respectively). • The final MCID estimate was 10%.
Online Example:	WHODAS 2.0 12L Self-Administered: https://cpup.se/wp-content/uploads/2020/01/WHODAS-2.0_12-items-SELF.pdf WHODAS 2.0 12L Interviewer-Administered to Patient: https://cpup.se/wp-content/uploads/2020/01/WHODAS-2.0_12-items-INTERVIEW.pdf WHODAS 2.0 12L Interviewer-Administered to Proxy: https://cpup.se/wp-content/uploads/2020/01/WHODAS-2.0_12-items-PROXY.pdf

[a] This instrument card was completed by Mr. Bentley Fulcher and Dr. Carol Hodgson.

* Turnbull, A.E. et al. Outcome Measurement in ICU Survivorship Research from 1970-2013: A Scoping Review of 425 Publications. *Critical Care Medicine*. 2016; 44; 1267-77.

** COSMIN is used to rate a study's evaluation of a survey or test's measurement properties. COSMIN does NOT rate the instrument itself, but helps readers understand if they can have confidence in the results of studies evaluating measurement properties of surveys and tests. For example, a rigorous study evaluating a test with poor measurement properties will receive a "good" COSMIN rating, while a poorly-conducted study evaluating a test with good measurement properties will receive a "poor" COSMIN rating. You must consider both the COSMIN rating and the results of studies provided when forming your opinion about that test. **If more than one paper evaluated the same measurement property for a given test/survey, we present data from the paper with a better COSMIN score.** COSMIN ratings were only performed for studies evaluating instruments used in ICU survivors after ICU discharge.

***Robinson, K.A. et al. A systematic review finds limited data on measurement properties of instruments measuring outcomes in adult intensive care unit survivors. *Journal of Clinical Epidemiology*. 2017;82:37-46.