

Review of Systems Scale (ROSS)

344 East Street, Suite 4

Mt. Kisco, New York 10549

Tel: 914-666-4665 Fax: 914-666-6271

Email: Info@DanielCameronMD.com

Name _____

Date _____

Please put an **X** on the line between the brackets that *BEST* describes the severity of each symptom as you experienced it – DURING THE PAST WEEK.

Example 1: [_____ X]

Example 2: [X _____]

Example 3: [_____ X]

Example 4: [X _____]

None

Severe

- 1. Fatigue/tiredness [_____]
- 2. Fevers [_____]
- 3. Chills [_____]
- 4. Facial numbness [_____]
- 5. Disturbed sleep [_____]
- 6. Poor concentration [_____]
- 7. Memory loss [_____]
- 8. Irritability [_____]
- 9. Crying [_____]
- 10. Sadness/depression [_____]
- 11. Headaches [_____]
- 12. Blurred vision [_____]
- 13. Eye pain [_____]
- 14. Ear ringing/buzzing [_____]
- 15. Jaw pain [_____]
- 16. Sore throat [_____]
- 17. Swollen glands [_____]
- 18. Dizziness [_____]
- 19. Lightheadedness [_____]
- 20. Stiff neck [_____]
- 21. Back pain [_____]
- 22. Chest pain [_____]
- 23. Palpitations [_____]
- 24. Nausea [_____]
- 25. Diarrhea [_____]
- 26. Testicular pain/pelvic pain [_____]
- 27. Tingling/numbness/burning.... [_____]
- 28. Painful joints [_____]
- 29. Stiff joints [_____]
- 30. Sore muscles [_____]
- 31. Night sweats [_____]
- 32. Other [_____]
- 33. Other [_____]



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

36-item version, self-administered

This questionnaire asks about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs.

Think back over the past 30 days and answer these questions, thinking about how much difficulty you had doing the following activities. For each question, please circle only one response.

In the past <u>30 days</u> , how much <u>difficulty</u> did you have in:						
Understanding and communicating						
D1.1	<u>Concentrating</u> on doing something for <u>ten minutes</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D1.2	<u>Remembering</u> to do <u>important things</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D1.3	<u>Analysing and finding solutions to problems</u> in day-to-day life?	None	Mild	Moderate	Severe	Extreme or cannot do
D1.4	<u>Learning a new task</u> , for example, learning how to get to a new place?	None	Mild	Moderate	Severe	Extreme or cannot do
D1.5	<u>Generally understanding</u> what people say?	None	Mild	Moderate	Severe	Extreme or cannot do
D1.6	<u>Starting and maintaining a conversation</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
Getting around						
D2.1	<u>Standing</u> for <u>long periods</u> such as <u>30 minutes</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D2.2	<u>Standing up</u> from sitting down?	None	Mild	Moderate	Severe	Extreme or cannot do
D2.3	<u>Moving</u> around <u>inside your home</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D2.4	<u>Getting out</u> of your <u>home</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D2.5	<u>Walking a long distance</u> such as a <u>kilometre</u> [or equivalent]?	None	Mild	Moderate	Severe	Extreme or cannot do

Please continue to next page ...



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

In the past <u>30 days</u> , how much <u>difficulty</u> did you have in:						
Self-care						
D3.1	Washing your <u>whole body</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D3.2	Getting <u>dressed</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D3.3	<u>Eating</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D3.4	Staying <u>by yourself</u> for a <u>few days</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
Getting along with people						
D4.1	<u>Dealing</u> with people <u>you do not know</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D4.2	<u>Maintaining a friendship</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D4.3	<u>Getting along</u> with people who are <u>close</u> to you?	None	Mild	Moderate	Severe	Extreme or cannot do
D4.4	<u>Making new friends</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D4.5	<u>Sexual activities</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
Life activities						
D5.1	Taking care of your <u>household responsibilities</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D5.2	Doing most important household tasks <u>well</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D5.3	Getting all the household work <u>done</u> that you needed to do?	None	Mild	Moderate	Severe	Extreme or cannot do
D5.4	Getting your household work done as <u>quickly</u> as needed?	None	Mild	Moderate	Severe	Extreme or cannot do

Please continue to next page ...



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

If you work (paid, non-paid, self-employed) or go to school, complete questions D5.5–D5.8, below. Otherwise, skip to D6.1.

Because of your health condition, in the past <u>30 days</u> , how much <u>difficulty</u> did you have in:						
D5.5	Your day-to-day <u>work/school</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D5.6	Doing your most important work/school tasks <u>well</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
D5.7	Getting all the work <u>done</u> that you need to do?	None	Mild	Moderate	Severe	Extreme or cannot do
D5.8	Getting your work done as <u>quickly</u> as needed?	None	Mild	Moderate	Severe	Extreme or cannot do

Participation in society						
In the past <u>30 days</u> :						
D6.1	How much of a problem did you have in <u>joining in community activities</u> (for example, festivities, religious or other activities) in the same way as anyone else can?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.2	How much of a problem did you have because of <u>barriers or hindrances</u> in the world around you?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.3	How much of a problem did you have <u>living with dignity</u> because of the attitudes and actions of others?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.4	How much <u>time</u> did <u>you</u> spend on your health condition, or its consequences?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.5	How much have <u>you</u> been <u>emotionally affected</u> by your health condition?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.6	How much has your health been a <u>drain on the financial resources</u> of you or your family?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.7	How much of a problem did your <u>family</u> have because of your health problems?	None	Mild	Moderate	Severe	Extreme or cannot do
D6.8	How much of a problem did you have in doing things <u>by yourself</u> for <u>relaxation or pleasure</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do

Please continue to next page ...



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

H1	Overall, in the past 30 days, <u>how many days</u> were these difficulties present?	Record number of days ____
H2	In the past 30 days, for how many days were you <u>totally unable</u> to carry out your usual activities or work because of any health condition?	Record number of days ____
H3	In the past 30 days, not counting the days that you were totally unable, for how many days did you <u>cut back</u> or <u>reduce</u> your usual activities or work because of any health condition?	Record number of days ____

This completes the questionnaire. Thank you.