CASE NO:\_\_\_\_\_\_\_\_

**Palau Disability Questionnaire:**

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

|  |  |  |
| --- | --- | --- |
|  |  | Yes |
|  |  |  |
|  |  | No |

1. Do you have difficulty hearing, even if using a hearing aid?

|  |  |  |
| --- | --- | --- |
|  |  | Yes |
|  |  |  |
|  |  | No |

1. Do you have difficulty walking or climbing steps?

|  |  |  |
| --- | --- | --- |
|  |  | Yes |
|  |  |  |
|  |  | No |

1. Do you have difficulty remembering or concentrating?

|  |  |  |
| --- | --- | --- |
|  |  | Yes |
|  |  |  |
|  |  | No |

1. Do you have difficulty with your motor skills such as writing or lifting objects?

|  |  |  |
| --- | --- | --- |
|  |  | Yes |
|  |  |  |
|  |  | No |

1. Using your usual language, do you have difficulty communicating, for example understanding or being understood?

|  |  |  |
| --- | --- | --- |
|  |  | Yes |
|  |  |  |
|  |  | No |