
Date of Disability Collection

(MM/DD/YYYY)

Are you deaf, or do you have serious difficulty hearing?

Yes No

Are you blind, or do you have serious difficulty seeing, even when wearing glasses?

Yes No

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

Yes No

(5 years of age or older)

Do you have serious difficulty walking or climbing stairs?

Yes No

(5 years of age or older)

Do you have difficulty dressing or bathing?

Yes No

(5 years of age or older)

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

Yes No

(15 years of age or older)

This module was extracted from page 34, section "Tier2 Disability" from the full document "RADx-UP Common Data Elements"