

YOUR ABILITIES

Center for Disability Policy and Research – Disability Screener



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Your Health and Disabilities

Following are some questions about your health and any disabilities that you might have. Please circle the answer that best describes how closely the statement applies to you. NOTE: "LONG-TERM" REFERS TO DIFFICULTIES THAT HAVE LASTED OR ARE EXPECTED TO LAST 6 MONTHS OR MORE.

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|---|----|-----|--------------|
| 1. Do you have any physical disabilities or long-term health problems? <i>(please circle your answer)</i> | NO | YES | I DON'T KNOW |
| 2. Do you have any long-term emotional problems or learning disabilities? <i>(please circle your answer)</i> | NO | YES | I DON'T KNOW |
| 3. Would other people consider you to have ANY disabilities or long-term health problems, including physical health, emotional, or learning problems? <i>(please circle your answer)</i> | NO | YES | I DON'T KNOW |
| 4. Are you limited in any activities because of ANY disabilities or long-term health problems, including physical health, emotional, or learning problems? <i>(please circle your answer)</i> | NO | YES | I DON'T KNOW |