

Frequently asked questions



These questions and answers have been put together to answer those that are received most frequently. In most cases, additional information can be found in the learning resources and these are indicated as part of each of the responses. The Washington Group already have an extensive list of FAQs – if you do not find what you are looking for below then do check it out.

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1. Why do I need to collect data on persons with disabilities when it's not in my mandate?

We know that an estimated 15% of the global population is persons with disabilities, and that in disasters the mortality and morbidity rates of persons with disabilities are reported as higher than persons without disabilities. Knowing the number of persons with disabilities in a community or area affected by a humanitarian crisis is an essential part of upholding the humanitarian principles, and is required by states (and by de facto those operating within them) who have ratified the Convention on the Rights of Persons with Disabilities (article 11 and 31). So in fact, collecting data on persons with disabilities can be considered as part of all humanitarian agencies mandates.

2. What is the purpose of the Washington Group Questions?

The Washington Group have developed a selection of question sets designed to identify in a comparable manner people with a greater risk than the general population of not participating by collecting information on difficulty performing basic activities. These have been extensively tested and validated over the last decade in regions across the world to ensure accuracy and universality.

3. What is the rationale behind the short set of questions?

The short set questions were not designed to measure all aspects of difficulty functioning that people may experience, but rather those domains of functioning that are likely to identify a majority of people at risk of participation restrictions in the smallest number of questions that could be easily integrated in census/surveys. The questions rely on a method of self-reporting rather than clinical assessment and can be administered by data collectors. The questions are specifically designed to avoid referring to disability and do not require respondents to label themselves but instead uses a scale of difficulty.

For details behind each specific questions, check out the following [WG implementation guide](#).

4. How do I know when and where to use the WGQs?

Depending on where you are in the humanitarian programme cycle, and in the project cycle, different opportunities may or may not exist for the collection of data on persons with disabilities. Before using the WGQ, it is important that the correct entry point has been identified. To know if the WGQs are the correct method for you to use, reflect on your objective.

We recommend that you check out this [flow chart](#) in order to decide.

5. How do I know what question set to use?

There are 3 sets of questions that are in official use (and 1 adapted set), with more under development. These include:

- The **short set of questions** (WG-SS): The WG-SS are the most commonly used in humanitarian action, as they are the shortest in both length and time to ask. They are sufficient for the adult population, and children over the age of 5. Although, not all children with disabilities will be identified using the WG-SS.

- The **child functioning module** (CFM) developed with UNICEF: For any project or programme that is focused on children, it is recommended that the Child Functioning Module is used.
- The **extended set of questions**: rarely used in humanitarian action due to its length even though it does provide more detailed information on disability.
- There is also an adapted set of questions, derived from the short set, called **the enhanced short set of questions**: recommended when people with mental health and psychosocial difficulties are important to be identified.

6. Can I use the WG Short Set on children or adolescents?

Yes, while the short set of questions were not designed for children and therefore will not capture all children with disabilities they can be asked to children between the ages of 5- 17. It is advised that as per the Child Functioning Module - a specific set of questions to identify children with disabilities, they questions are asked to a proxy (a mother or caregiver).

7. Am I sure to identify all persons with disabilities?

Using the short set, you will identify the majority of persons with disability but you may find that you miss people as part of data collection efforts. This is particularly the case for people with psychosocial difficulties. This is addressed, in part, in the enhanced short set, and included more fully in the extended set and child functioning modules.

8. What do I do if I want to be sure to capture people with mental health and psychosocial difficulties in my data collection?

Use the enhanced short set of questions, which include questions on anxiety and depression. Check out factsheet #3 in the learning resources to find out more on using the WGQs in this way.

9. How long do the questions take to administer?

During testing, the WG recorded that the average time to ask the questions was 1 minute 15 seconds. As part of the testing in humanitarian action, the average time was between 1 and 3 minutes. In any case, it doesn't take as long as people think (7 minutes!).

10. In a humanitarian context, will I have time to ask these questions?

The short set wasn't designed for humanitarian action but to be integrated in a national level, population-based survey/census, which are very long questionnaires where time and space are also a challenge. The humanitarian context adds complexity and challenge to asking the questions in a time-poor and fragile environment, but when asked at the right moments there is time for these questions.

11. Can I change the questions or the answer categories to suit my data collection tool?

You should **never** change the questions or the answer categories as this will affect the comparability and reliability of the data collected. These have been extensively tested to return the least error, and the maximum identification of persons with disabilities.

You can make small contextualisations to the questions – such as remove the reference to hearing aids and glasses if in your context these items do not readily exist.

If you want to ask additional questions, either about the temporality, causality of the disability, or to ask medical details on a person's impairment, these can be asked by after the full set of WGQs have been asked.

12. The questions are designed to be asked on an individual basis but I am conducting a household survey. Can I still use them?

Yes, while they have been designed to be asked at individual level, it is possible to ask them at household level. However, when asking the questions at this level it is important to keep in mind that bias of the persons responding will lead to the data being less accurate (people will be missed). In any case, no filter question should be used before the WGQs, and ideally if the head of household identifies someone as having a lot of difficulty or cannot do it at all in one of the domains, this person is (a) identified in the questionnaire (b) followed up with the questions directly to ensure their accuracy. Refer to factsheet #2 in the learning resources for more information on household data collection.

13. Will I identify the barriers faced by persons with disabilities using these questions?

The questions have been designed to identify people who have difficulties in basic, universal activities and are at greater risk of restricted social participation in an unaccommodating environment. You will not, however, have the full picture as to what the particular barriers are, or what facilitators you will need to put in place for humanitarian programming inclusive of persons with disabilities. More questions will need to be added to identify barriers.

14. Do the WGQs raise the expectations of the persons being asked them?

It is recommended that the questions are always placed in the demographic section of the questionnaire, as being asked alongside age, sex and location removes them from programmatic questions; in locations where hearing aids and glasses are not customary, these references can be removed to avoid raising expectation; and as part of good practice asking a questionnaire, the objective of the questionnaire should be clarified with the respondent at the start or end so to minimize setting expectations that can't be met.

15. I need to use a translation of the WGQs – where can I find these?

Translation is an essential consideration for most data collection teams. Contact the WG via the [website](#) for access to official translations (these will have not been cognitively tested). You can also conduct a translation directly yourself, or with your enumerators using the [translation protocol](#).

16. I am working on a health programme and we have our own set of questions to identify persons with disabilities. Why should I use the WGQs?

It makes sense that you already use questions that work for your health programming. As the WGQs do not identify impairment/medical conditions, different questions are required for this and as such you will need to identify which questions these are for your programme.

The WGQs can still be relevant in health programming to measure access of persons with disabilities coming to a particular health service or location. For this they can be used to measure prevalence in the community to be cross checked again at the service, or they can be used just at the service entry to monitor that persons with all different domains in functioning are accessing the service. In any case, they should not be used as a screening tool by non-medical professionals to refer people to medical facilities.

17. I want to use the WGQs for targeting beneficiaries – can I do this?

The WGQs have not been designed to be used for targeting, and as such there is no concrete response for their use in this way. As the WGQs will not identify all persons with disabilities it is not recommended to use them as the sole targeting criteria. If they are used amongst others, then this may work for your programming but they haven't been tested for this and so no recommendation can be made.

18. The questions look simple, why do I need to train the data collectors/enumerators on them?

While straightforward to ask, it is important for enumerators to be trained on how to administer the questions as it remains more complex than a binary yes/no question. Training helps to enforce an understanding of the nuance behind the questions, which facilitates their administration, their translation, and removes error in data collection.

19. Will I know the health condition or diagnosis of a particular person with disabilities by asking the WG questions?

The WGQs do not identify particular health conditions or diagnostic categories but rather captures the possible impact of these conditions on functional abilities. The questions are not to be used if this is your objective.

20. If I have asked 6 (or more) questions, why do I only have one binary yes/no response at the end of the analysis?

There is only one response at the end of the analysis because the aim of the WGQs is to identify a sub population group i.e. persons with disabilities to allow to disaggregate indicators and understand how your programme is reaching persons with disabilities. Answers to each question can still be useful to understand access level of persons with difficulties in certain domains or depending on the severity of their difficulties. Be careful not to add the domains together as you will risk counting twice an individual with difficulties in more than one domain.

21. I have collected data using the WGQs, now what do I do?

Collecting data using the WGQs is only the start towards ensuring persons with disabilities are included in humanitarian programming. Data collected can be used to inform the design, implementation, monitoring and evaluation of a programme and build a strong understanding of who is (or is not) accessing it. Beyond this, more data may be required to understand more concretely the barriers, facilitators and risks, and a series of actions may need to be taken and put in place to ensure that persons with disabilities can participate meaningfully and fully in the humanitarian programme.