

Application for Use of the WHODAS II and related materials

WHO is prepared to grant you a nonexclusive, royalty free license to use the World Health Organization Disability Assessment Schedule II and/or related materials (hereafter referred to as "WHODAS II") in your study outlined below. To receive approval to use the WHODAS II, please complete this form in its entirety, sign it, and then mail the form with your original signature to:

World Health Organization
Classification, Assessment, and Epidemiology Team
Global Program on Evidence for Health Policy
Avenue Appia
Avenue Appia
Geneva 27
CH 1211 Switzerland

Your Contact Information

Name: _____

Email: _____

Title: _____

Organization: _____

Organization Type:

- | | |
|--|--|
| <input type="checkbox"/> Academic Medical Facility | <input type="checkbox"/> Health Care System |
| <input type="checkbox"/> Pharmaceutical Company | <input type="checkbox"/> Biotech Firm |
| <input type="checkbox"/> Home Health Care Provider | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Professional/Trade Organization |
| <input type="checkbox"/> Consulting Firm | <input type="checkbox"/> Other: _____ |

Street Address: _____

City and State or Province: _____

Postal Code: _____ Country: _____

Telephone: _____ Extension: _____

Fax: _____

Web site: _____

Capacity:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Clinician | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Manager | <input type="checkbox"/> Student |
| <input type="checkbox"/> Educator | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Product Supplier | <input type="checkbox"/> Other: _____ |

Study Description

Study Title	
Principal Investigator	
Purpose of Study	
Sample characteristics (age, gender, diagnosis or health condition, etc.)	
Sample size	
Treatment Intervention (if applicable)	
Total number of assessments	
Assessment time points	
WHODAS II version(s) to be used	
Other measures and indicators to be used	
Study Completion Date	

By applying to use the WHODAS II, you agree to the following conditions:

1. You shall not modify, abridge, condense, translate, adapt, recast or transform the WHODAS II in any manner or form, including but not limited to any minor or significant change in wording or organization, or administration procedures, of the WHODAS II. If you think that changes are necessary for your work, or if translation is necessary, you must obtain written approval from WHO in advance of making such changes.
2. You shall not reproduce WHODAS II except for the limited purpose of generating sufficient copies for your own uses and shall in no event distribute copies of the WHODAS II to third parties by sale, rental, lease, lending, or any other means. In addition, you agree that you will not use the WHODAS II for any purpose other than conducting studies as specified above, unless agreed in writing by WHO. In any event, the WHODAS II should not be used for research or clinical purposes without prior written authorization from WHO;
3. You agree to provide WHO with an annual update regarding activities related to the WHODAS II.

4. You agree to provide WHO with a complete copy of User's raw data and data code books, including the WHODAS II and any other instruments used in the study. This data set must be forwarded to WHO upon the conclusion of your work. While you remain the owner of the data collected in your studies, these data may be used in WHO analyses for further examining the psychometric properties of the WHODAS II. WHO asserts the right to present and publish these results, with due credit to the principal investigator, as part of the overall WHODAS II development strategy.

5. WHO may terminate the user agreement at any time, in any event. Should WHO terminate the user agreement, you shall immediately cease all use of the WHODAS II and destroy or return all copies of the WHODAS II. In the event of such termination, all other collateral materials shall be destroyed and no copy thereof shall be retained by you. Notwithstanding the return or destruction of the WHODAS II and its collateral materials, you will continue to be bound by the terms of this user agreement.

8. It is understood that this agreement does not create any employer/employee relationship. You and your affiliates are not entitled to describe themselves as staff members of WHO. You shall be solely responsible for the manner in which work on the project is carried out and accordingly shall assume full liability for any damage arising therefrom. No liability shall attach to WHO, its advisers, agents or employees.

Please confirm your agreement with the foregoing by signing and returning one copy of this application to WHO, whereupon it will be reviewed by WHO.

USER (please sign and complete):

By: _____

Title: _____

Institution: _____

Date: _____

For WHO Use Only

Date Received:

- Approved
- Not approved (reason) _____

The term of this User Agreement shall be for a period of _____, commencing on the date _____.

Signature of WHO responsible:

Date: