Annex III: Survey Questionnaires

HOUSEHOLD QUESTIONNAIRE

UNITED REPUBLIC OF TANZANIA
TANZANIA DISABILITY SURVEY 2007
NATIONAL BUREAU OF STATISTICS
HOUSEHOLD QUESTIONNAIRE

CONFIDENTIAL

SECTION 1: IDENTIFICATION

REGION _____ ☐☐

DISTRICT _____ ☐

WARD ..... ☐☐☐

ENUMERATION AREA ..... ☐☐☐

NAME OF HEAD OF HOUSEHOLD _____

TDS NUMBER ..... ☐☐☐☐

HOUSEHOLD NUMBER ..... ☐☐☐

RURAL=1 URBAN =2 .. .. ☐

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY ☐☐
				MONTH ☐☐
				YEAR 2 0 0 ☐
INTERVIEWER'S NAME				INT.CODE ☐☐
RESULT*				RESULT ☐
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS ☐
TIME				

*RESULT CODES:

1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____ (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD ☐☐

TOTAL PERSONS WITH DIFFICULTIES ☐☐

LINE NO. OF RESPONDENT FROM THE LIST OF HOUSEHOLD ROSTER ☐☐

INTERVIEWER	SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	☐☐	☐☐
DATE _____ ☐☐	DATE _____ ☐☐		

Identification ☐☐ ☐ ☐☐☐ ☐☐☐ ☐ ☐ ☐☐☐

SECTION 2: HOUSEHOLD ROSTER

INTERVIEWER: QUESTION IN COLUMNS 8(a), 8(b), 8(c), 8(d), 8(e) AND 9
SHOULD BE ASKED TO PERSON AGED 5 YEARS AND OVER

Line/ Member Number	1. USUAL RESIDENTS AND VISITORS	2.Relationship to the Head of Household	3.Sex	4.Age	5. For persons aged 0 - 17 of Surv. fo parents	For persons aged 15+ 6. Marital status	7. Mobile Phone	8(a) Can (NAME) read and write?	8(b) Is (NAME) currently in school?	8(c) Why is the (NAME) not currently in school?	8(d) What is the current grade (NAME) is attending?	8(e) What is the highest grade (NAME) completed?	9. Main Economic activity Main economic activity in the last 7 days
		(Enter code)	(Enter Code)			(Enter Code)		(Enter Code)	(Enter Code)	(Enter Code)	(Enter Code)	(Enter Code)	(Enter Code)
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	Head of household.. 1 Spouse……. 2 Son/Daughter of head of the household……. 3 Child of spouse…… 4 Grand child of the head of household……. 5 Parent of head of household…… 6 Other relatives…… 7 Domestic servant…… 8 Other Nonrelatives 9	Male……1 Female……2	Enter Age at last birth day. (If under one year of age enter '00' If age is 98 years and above enter '98')	Yes……..1 No……2 Don't know…3 Father / Mother	Never married……1 Married……..2 Divorced……..3 Separated……4 Widowed……5 Living together..6 Dont Know.....9	Codes Yes .....1 No.....2 Dont know..3	Yes: Swahili……1 English……2 Swahili and English……3 Any other language……4 No……5	Yes……1 No……2 **IF 'YES' GO TO Q8(d)**	Too young…… 00 Too old/completed school…… 01 Too far away…… 02 Failed to pay contribution…… 03 Working at home… 04 Working for payment…… 05 Useless/ uninteresting…… 06 Illness/disabled…… 07 Pregnant…… 08 Undiscipline…… 09 Divorced/Separation of parent …… 10 Married/engaged… 11 Too many kids/ after siblings 12 Scared teachers…. 13 Not willing to send children to school 14 Not willing to send female children to school…… 15 Others(*specify*)…. 16 **FOR ANY ANSWER ABOVE GO TO Q8(e)**	Pre-school…… 00 Std 1…… 01 Std 2…… 02 Std 3…… 03 Std 4…… 04 Std 5…… 05 Std 6…… 06 Std 7…… 07 Course after primary education…… 17 Orientation secondary course…… 18 Form I…… 09 Form II…… 10 Form III…… 11 Form IV…… 12 Course after secondary Education…… 19 Form V…… 13 Form VI…… 14 Course after form VI education…… 20 Diploma course…… 21 Other certificate…… 22 University Degree and related titles…… 23 Adult education only. 24 Special education…… 25 No education…… 26	Pre-school…… 00 Std 1…… 01 Std 2…… 02 Std 3…… 03 Std 4…… 04 Std 5…… 05 Std 6…… 06 Std 7…… 07 Std 8…… 08 Course after primary education…… 17 Orientation secondary course…… 18 Form I…… 09 Form II…… 10 Form III…… 11 Form IV…… 12 Course after secondary Education…… 19 Form V…… 13 Form VI…… 14 Course after form VI education…… 20 Diploma course…… 21 Other certificate…… 22 University Degree and related titles…… 23 Adult education only. 24 Special education…… 25 No education…… 26	Agriculture/Livestock = 01 Fishing = 02 Mining = 03 Tourism = 04 **Employed** Government = 05 Parastatal (Govt.) = 06 Parastatal (Religious) = 07 Parastatal (others) = 08 **Self Employed (Non agriculture)** With employees = 09 Alone = 10 Unpaid family bussiness = 11 Not employed but available = 12 Not working and not available = 13 Housewife = 14 Housekeeping = 15 Full time student = 16 Old/Retired/child = 17 Sick = 18 Disabled = 19 Others = 20 No other activity = 98 Not Stated = 99
	(1)	(2)	(3)	(4)	(5a) (5b)	(6)	(7)	(8a)	(8b)	(8c)	(8d)	(8e)	(9)
01		☐	☐	☐☐	☐ ☐	☐	☐	☐	☐	☐☐	☐☐	☐☐	☐☐ ☐☐
02		☐	☐	☐☐	☐ ☐	☐	☐	☐	☐	☐☐	☐☐	☐☐	☐☐ ☐☐
03		☐	☐	☐☐	☐ ☐	☐	☐	☐	☐	☐☐	☐☐	☐☐	☐☐ ☐☐
04		☐	☐	☐☐	☐ ☐	☐	☐	☐	☐	☐☐	☐☐	☐☐	☐☐ ☐☐
05		☐	☐	☐☐	☐ ☐	☐	☐	☐	☐	☐☐	☐☐	☐☐	☐☐ ☐☐
06		☐	☐	☐☐	☐ ☐	☐	☐	☐	☐	☐☐	☐☐	☐☐	☐☐ ☐☐
07		☐	☐	☐☐	☐ ☐	☐	☐	☐	☐	☐☐	☐☐	☐☐	☐☐ ☐☐
08		☐	☐	☐☐	☐ ☐	☐	☐	☐	☐	☐☐	☐☐	☐☐	☐☐ ☐☐
09		☐	☐	☐☐	☐ ☐	☐	☐	☐	☐	☐☐	☐☐	☐☐	☐☐ ☐☐
10		☐	☐	☐☐	☐ ☐	☐	☐	☐	☐	☐☐	☐☐	☐☐	☐☐ ☐☐

Identification ☐☐ ☐ ☐☐☐ ☐☐☐ ☐ ☐ ☐☐☐

SECTION 2: HOUSEHOLD ROSTER

i) The following questions ask about difficulties you or members of your household have because of a physical, mental or emotional problem.

ii) When you are answering for children under 18 years of age, compare the child to other chidlren of the same age.

Line/ Member Number	VISION		HEARING		MOBILITY	REMEMBERING	SELF CARE	COMMUNICATION	PARTCIPATION			17. Eligibility
	10A. Does -- (NAME) HAVE difficuluty seeing?	10B. Does…(NAME) have difficulty in seeing, even if wearing glasses?	11A. Does ..... (NAME) have difficulty hearing?	11B. Does ..... (NAME) have difficulty hearing, even if using a hearing aid?	12. Does ..... (NAME) have difficulty walking or climbing steps?	13. Does ..... (NAME) have difficulty remembering or concentrating?	14. Does ..... (Name) have difficulty with self-care, such as washing all over or dressing?	15. Using his/her usual language, does [NAME] have difficulty communi-cating, (for example under-standing or being understood by others)?	16a. Does [NAME} have difficulty joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?	16b. Does [NAME] have difficulty taking care of his/her household responsibilities?	16c. Does [NAME] have difficulty in his/her day-to-day work/ schoolwork?	Tick the line number of the person having a) two code 2 responses (and no other 'yes' responses), or b) one code 3 or code 4 response (from q. 10-16)
01	Codes for q16											
02	No 1											
03	Some 2											
04	A lot 3											
05												
06	Unable 4											
07												
08												
09												
10												
11												
12												
13												
14												
15												

SECTION 3: HOUSEHOLD PARTICULARS NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
19	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING . . . . . 11 PIPED INTO YARD/PLOT . . . . . 12 PUBLIC TAP . . . . . 13 NEIGHBOR'S TAP . . . . . 14 WATER FROM OPEN WELL OPEN WELL IN DWELLING . . . 21 OPEN WELL IN YARD/PLOT . . . 22 OPEN PUBLIC WELL . . . . . 23 NEIGHBOR'S OPEN WELL . . . . . 24 WATER FROM COVERED WELL OR BOREHOLE PROTECTED WELL IN DWELLING . . . . . 31 PROTECTED WELL IN YARD/PLOT . . . . . 32 PROTECTED PUBLIC WELL . . . 33 NEIGHBOR'S BOREHOLE . . . . . 34 SURFACE WATER SPRING . . . . . 41 RIVER/STREAM . . . . . 42 POND/LAKE . . . . . 43 DAM . . . . . 44 RAINWATER . . . . . 51 TANKER TRUCK . . . . . 61 WATER VENDOR . . . . . 62 BOTTLED WATER . . . . . 71 OTHER _____ 96 (SPECIFY)	→ 21 → 21 → 21 → 21 → 21 → 21 → 21 → 21
20	How long does it take you to go there, get water, and come back?	MINUTES . . . . . [ ][ ][ ] ON PREMISES 996	
21	What kind of toilet facilities does your household have?	FLUSH TOILET . . . . . 11 PIT TOILET/LATRINE . . . . . . TRADITIONAL PIT TOILET . . . . . 21 VENTILATED IMPROVED PIT (VIP) LATRINE . . . . . 22 NO FACILITY/BUSH/FIELD . . . . . 31 OTHER _____ 96 (SPECIFY)	→ 23
22	Do you share these facilities with other households?	YES . . . . . 1 NO 2	
23	Does your household have: a) Electricity? b) A paraffin lamp? c) A radio? d) A television? e) A telephone/mobile? f) An iron (either charcoal or electric)? g) A refrigerator?	YES NO ELECTRICITY . . . . . 1 2 PARAFFIN LAMP . . . . . 1 2 RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 TELEPHONE/MOBILE . . . . . 1 2 IRON . . . . . 1 2 REFRIGERATOR 1 2	
24	What type of fuel does your household mainly use for cooking?	MAIN ELECTRICITY . . . . . 01 BOTTLED GAS . . . . . 02 BIOGAS . . . . . 03 PARAFFIN/KEROSENE . . . . . 04 CHARCOAL . . . . . 05 FIREWOOD . . . . . 06 DUNG . . . . . 07 CROP RESIDUALS . . . . . 08 SOLAR . . . . . 09 OTHER _____ 96 (SPECIFY)	

24A	What is the main source of energy for lighting in the household?	MAIN ELECTRICITY . . . . . 01 SOLAR . . . . . 02 GAS . . . . . 03 PARAFFIN-HURRICANE LAMP . . . 04 PARAFFIN-PRESSURE LAMP . . . . . 05 PARAFFIN-WICK LAMP . . . . . 06 FIREWOOD . . . . . 07 CANDLES . . . . . 08 OTHER _____ 96 (SPECIFY)	
25	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND . . . . . 11 DUNG . . . . . 12 RUDIMENTARY FLOOR WOOD PLANKS . . . . . 21 PALM/BAMBOO . . . . . 22 FINISHED FLOOR PARQUET OR POLISHED WOOD . . . . . 31 VINYL OR ASPHALT STRIPS . . . 32 CERAMIC TILES . . . . . 33 CEMENT . . . . . 34 OTHER _____ 96 (SPECIFY)	
25A	WALL MATERIALS RECORD OBSERVATION.	GRASS . . . . . 01 POLES AND MUD . . . . . 02 SUNDRIED BRICKS . . . . . 03 BAKED BRICKS . . . . . 04 TIMBER . . . . . 05 CEMENT BRICKS . . . . . 06 STONES . . . . . 07 OTHER _____ 96 (SPECIFY)	
25B	ROOFING MATERIAL RECORD OBSERVATION.	GRASS/LEAVES/MUD . . . . . 01 IRON SHEETS . . . . . 02 TILES . . . . . 03 CONCRETE . . . . . 04 ASBESTOS . . . . . 05 OTHER _____ 96 (SPECIFY)	
25C	How many rooms in your household are used for sleeping? (INCLUDING ROOMS OUTSIDE THE MAIN DWELLING)	ROOMS . . . . . ☐☐	
26	Does any member of your household own: A bicycle? A motorcycle or motor scooter? A car or truck? A bank account	YES NO BICYCLE . . . . . 1 2 MOTORCYCLE/SCOOTER . . . 1 2 CAR/TRUCK . . . . . 1 2 BANK ACCOUNT 1 2	
26A	How many acres of land for farming/grazing are owned by the household? (PUT '0' IF NONE AND 9999.8 IF DOESN'T KNOW)	ARABLE LAND ☐☐☐☐.☐ LAND FOR GRAZING ☐☐☐☐.☐	

26B	Does the household use land for farming/grazing that it doesn't own? IF YES, is it rented, sharecropped, private land provided free, or open access/communal/other?	YES, RENTED . . . . . 1 YES, SHARECROPPED . . . . . 2 YES, PRIVATE LAND PROVIDED FREE 3 YES, OPEN ACCESS/COMMUNAL . . . 4 NO 5	→ 26D
26C	How many acres of land are used? (PUT '0' IF NONE AND 9999.8 IF DOESN'T KNOW)	ARABLE LAND [ ][ ][ ][ ].[ ] LAND FOR GRAZING [ ][ ][ ][ ].[ ]	
26D	How far is it to the nearest market place? (WRITE '00' IF LESS THAN ONE KILOMETRES)	KILOMETRE . . . . . [ ][ ]	
26E	How many meals does your household usually have per day?	MEALS . . . . . [ ][ ]	
26F	In the past week, on how many days did the household consume meat?	DAYS . . . . . [ ]	
26G	How often in the last year did you have problems in satisfying the food needs of the household?	NEVER . . . . . 1 SELDOM . . . . . 2 SOMETIMES . . . . . 3 OFTEN . . . . . 4 ALWAYS 5	
27	Does your household have any mosquito nets that can be used while sleeping?	YES . . . . . 1 NO 2	→ 28
27A	How many household members slept under a mosquito net last night?	NUMBER 15 YEARS ABOVE . . . . . [ ][ ] CHILDREN 5-14 YEARS . . . . . [ ][ ] CHILDREN 0 - 4 YEARS . . . . . [ ][ ] Adults & children who did not sleep under a net last night [ ][ ]	
27B	How many mosquito nets does your household have?	NUMBER OF NETS . . . . . [ ][ ]	
28	What is the main source of your household income?	INCOME FROM EMPLOYMENT (IN CASH) . . . . . 1 INCOME FROM EMPLOYMENT (IN KIND) . . . . . 2 INCOME FROM NON-FARM SELF EMPLOYMENT . . . . . 3 HOUSEHOLD AGRICULTURE INCOME . . . . . 4 REMITTANCES . . . . . 5 INTERESTS . . . . . 7 RENT RECEIVED . . . . . 8 CURRENT TRANSFERS AND BENEFITS . . . . . 9 OTHER (SPECIFY) 10	

29 **CHILD MORTALITY QUESTIONS FOR ALL CHILDREN AGED (0 - 17)**

Is there any child(under 18 years of age) who usually live in this household and who died in the last 12 months?

YES 1
NO 2

IF YES, PLEASE GIVE ME THEIR NAMES.

	Child's name	How old was the child when he/she died?	Was the child a boy or girl? male = 1 female =2	Was the child sick before he/she died? Yes =1 No =2 Don't know/can't remember =3	Did the child have a disability? Yes = 1 No = 2 Don't know/can't remember = 3	What was the cause of death?(write what the person says)
1						
2						
3						
4						

UNITED REPUBLIC OF TANZANIA
PEOPLE WITH DISABILITY SURVEY
NATIONAL BUREAU OF STATISTICS

CONFIDENTIAL

DETAILED ADULT QUESTIONNAIRE FOR PEOPLE WITH DIFFICULTIES
(15 years and older)

SECTION 1: IDENTIFICATION OF PERSON WITH DIFFICULTIES

REGION _____ ☐

DISTRICT _____

WARD/SHEHIA _____ ☐☐☐

VIILLAGE ☐

EA NUMBER ……..……..

HOUSEHOLD NUMBER :……..…….. ☐☐☐

NAME OF HOUSEHOLD HEAD _____

NAME AND LINE NUMBER OF
PERSON WITH DIFFICULTIES/ OR PERSON SELECTED IN HOUSEHOLD WITH NO DIFFICULTIES _____ ☐☐

AGE OF PERSON WITH DIFFICULTIES/ OR PERSON SELECTED FROM HOUSEHOLD WITH NO DIFFICULTIES ……. ☐

SEX OF PERSON WITH DIFFICULTIES/ OR PERSON SELECTED FROM HOUSEHOLD WITH NO DIFFICULTIES ☐

RURAL=1 URBAN =2

IS THE PERSON REPORTING THE PERSON WITH DIFFICULTIES OR SOMEONE ELSE? ☐☐
[Do not read out. Code by observation]
1 Yes
2 No (i.e. someone else is reporting for the person with difficulties)
3 Both
IF **NO**, WHO IS THE PERSON REPORTING?
NAME AND LINE NUMBER OF PERSON
_____ ☐

Date of Interview: Day: __ __ Month: __ __ Year: ____

Time Started: _____ Time Completed: _____

INTERVIEWER NAME _____

	Visits			Final Visit				
	1	2	3					
Date				Day				
				Month				
				Year	2	0	0	
Results*								
Next Visit: Date				Total Number of Visits				
Time								

SUPERVISOR NAME _____ SIGNATURE _____	INTERVIEW STATUS 1=COMPLETE 2=INCOMPLETE	Did the enumerator have to return to the household	CHECKED by Supervisor	Data entry code

SECTION 2: FUCTIONING

1.1 The next questions ask about difficulties you may have doing certain activities because of a physical, mental or emotional problem.

		No	Some	A lot	Unable
A	Do you have difficulty seeing?	1→C	2	3	4
B	Do you have difficulty seeing, even if wearing glasses?	1	2	3	4
C	Do you have difficulty hearing?	1→E	2	3	4
D	Do you have difficulty hearing, even if using a hearing aid?	1	2	3	4
E	Do you have difficulty walking or climbing steps?	1	2	3	4
F	Do you have difficulty remembering or concentrating?	1	2	3	4
G	Do you have difficulty with self-care, such as washing all over or dressing?	1	2	3	4
H	Do you have difficulty communicating in your usual language (for example understanding or being understood by others)?	1	2	3	4

1.2 The following questions ask more details about difficulties you may have because of a PHYSICAL, MENTAL OR EMOTIONAL PROBLEM. Some of the questions may sound similar but please answer them anyway.

	Circle ONE response that best fits what you feel.	**No**	**Yes**		
		No difficulty	**Some difficulty**	**A lot difficulty**	**Unable to do**
1.	Do you have difficulty seeing and recognizing a person you know from 7 meters away? E.g. across a street	1	2	3	4
2.	Do you have difficulty seeing and recognizing an object at arm's length?	1	2	3	4
3.	Do you have difficulty hearing someone talking on the other side of the room in a normal voice?	1	2	3	4

4.	Do you have difficulty hearing what is said in a conversation with one other person in a quiet room?	1	2	3	4
5.	Do you have difficulty moving around inside your home?	1	2	3	4
6.	Do you have difficulty walking a long distance such as a kilometer (or equivalent)?	1	2	3	4
7.	Do you have difficulty in using your hands and fingers, such as for picking up small objects or opening and closing containers?	1	2	3	4
8.	Do you have difficulty concentrating on doing something for ten minutes (i.e. a short time)?	1	2	3	4
9.	Do you have difficulty remembering to do important things?	1	2	3	4
10.	Do you have difficulty washing your whole body?	1	2	3	4
11.	Do you have difficulty getting dressed?	1	2	3	4
12.	Do you have difficulty feeding yourself?	1	2	3	4
13.	Do you have difficulty generally understanding what people say?	1	2	3	4
14.	Do you have difficulty talking clearly so people can understand you?	1	2	3	4
15.	Do you have difficulty starting and maintaining a conversation?	1	2	3	4
16.	Do you have difficulty analyzing and finding solutions to problems in day to day life?	1	2	3	4
17.	Do you have difficulty getting along with people who are close to you?	1	2	3	4
	Remember, only tell me about difficulties you have because of a physical, mental or emotional problem.				
18.	Do you have difficulty joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?	1	2	3	4
19.	Do you have difficulty taking care of your household responsibilities?	1	2	3	4
20.	Do you have difficulty in day-to-day work/ schoolwork)?	1	2	3	4

NOTE: If the person has no difficulties in any of the questions above you should continue with the interview. Some questions will be skipped and this is indicated where it is relevant.

1.3 Physical environment and attitudes of others.

There are many things that can make your life easier or more difficult. I want to know about the things that make you function better or worse. For example, having to go up and down stairs makes it difficult if you have pain in your legs, but a flat path makes it easier.

Does your physical environment (building, roads, pavements, etc.) or the attitudes of other people make it easier or more difficult for you to……

	Easier	More difficult	Sometimes easier and sometimes more difficult	Don't know
a) Join in community activities like anyone else can?	1	2	3	4
b) Taking care of you household responsibilities?	1	2	3	4
c) In day-to-day work / schoolwork?	1	2	3	4

1.4 In the following questions, think about the last 12 months. Tell me whether you have experienced the problems below **always, often, sometimes, seldom or never**.

Remember, we are interested in problems that you experience because of a physical, mental or emotional problem.

(If the answers are 5,8 & 9 go to the next questions and don't ask about problems)

1. In the past 12 months,	1. always	2. often	3. Sometimes	4. seldom	5. never→	8. NA→	9. Not spec.	2. big problem	1.little problem
how often has the accessibility of transportation been a problem for you? (By accessibility we mean the ability to get in and out of the transport.)									
When this problem occurs has it been a big problem or a little problem?									
2. In the past 12 months, how often has the information you wanted or needed not been available in a format you can use or understand? (e.g. Braille for Blind people)									
When this problem occurs has it been a big problem or a little problem?									
3. In the past 12 months, how often has the availability of health care services and medical care been a problem for you?									
When this problem occurs has it been a big problem or a little problem?									
4. In the past 12 months, how often did you need someone else's help in your home and could not get it easily?									
When this problem occurs has it been a big problem or a little problem?									
5. In the past 12 months, how often did you need someone else's help at school or work and could not get it easily?									
When this problem occurs has it been a big problem or a little problem?									
6. In the past 12 months, how often have other people's attitudes toward you been a problem at home?									
When this problem occurs has it been a big problem or a little problem?									
7. In the past 12 months, how often have other people's attitudes toward you been a problem at school or work?									
When this problem occurs has it been a big problem or a little problem?									

1.5 Health and general well-being

1.5a) Thinking about the important negative life events listed below, please indicate the number of times you have experienced each of these during the past 12 months. NB THIS REFERS TO THE NUMBER OF EVENTS, NOT THE DURATION. (Enter 0 if NONE).

NEGATIVE LIFE EVENT	# of times during last 12 months
death	
injury	
illness	
loss of employment	
displacement	
separation	
divorce	
theft/robbery	
accusation of witchcraft	
conviction for a crime/imprisonment	
Other (specify) _____	

1.5b) Thinking about the important positive life events listed below, please indicate the number of times you have experienced each of these during the past 12 months. (Enter 0 if NONE).

POSITIVE LIFE EVENT	# of times during last 12 months
a birth	
Marriage	
Employment	
other financial gain	
athletic/scholastic/political achievements	
initiation ceremonies	
Other (specify) _____	

1.5c) Thinking about your general physical health (things like: sickness, illness, injury, disease etc.) – on a scale from 1 (poor) to 4 (very good) – How would you describe your overall *physical* health today?

1	2	3	4	9
poor	not very good	good	very good	don't know

1.5d) Thinking about your general *mental* health (things like: anxiety, depression, fear, fatigue, tiredness, hopelessness etc.) – on a scale from 1 (poor) to 4 (very good) – How would you describe your overall mental health today?

1	2	3	4	9
poor	not very good	good	very good	don't know

1.5e) below is a list of various feelings that you may have experienced. I'd like to know how often, during the *past month*, you have experienced each of these. (Check one box for each problem)

How often, during the past month, have you…:	None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
1. felt worried and anxious?	1	2	3	4	5	6
2. felt so down in the dumps, nothing could cheer you up?	1	2	3	4	5	6
3. …felt calm and peaceful?	1	2	3	4	5	6
4. felt down-hearted and depressed?	1	2	3	4	5	6
5. been happy?	1	2	3	4	5	6

1.5f) Health information.

We would like know about your understanding of some common diseases in Tanzania and whether you have access to information about them.

	Do you know about this disease?	Do you have access to information about this disease?	Do you know how to prevent this disease?	Have you ever had this disease?
Malaria				
TB				
HIV/AIDS				

Coding
1 = Yes
2 = No
9 = Don't know

2 NOW LET'S TALK ABOUT WHAT CAUSED YOUR DIFFICULTIES, WHEN THEY STARTED, ETC.

INSTRUCTION: ASK BOTH DIRECT & PROXY RESPONDENTS.

ONLY ASK THOSE RESPONDENTS WHO HAVE ONE ORE MORE DIFFICULTIES. CHECK THE RESPONSES IN QUESTION 1.1 AND 1.2 AND IF THERE IS ANY QUESTION ANSWERED 'YES' (SOME DIFFICULTY, A LOT OF DIFFICULTY OR UNABLE TO DO) ASK THESE QUESTIONS IN SECTION 2.

IF THE PERSON HAS NO DIFFICULTIES, GO TO SECTION 3.

2.1 Do you have any health problem or disability? If yes, please tell me what this is.

No health problem or disability	A
Deformed limbs	B
Deaf or hard of hearing	C
Blind or low vision	D
A paralysis of one or more limbs	E
Amputation or loss of one or more limbs	F
Head injury/trauma	G
Brain damage (Stroke, encephalitis, meningitis, hydrocephalus, etc.)	H
Cerebral palsy	I
Asthma or breathing problems	J
Diabetes	K
High blood pressure or heart problems	L
Epilepsy	M
Tuberculosis	N
Arthritis	O
Psychiatric illness	P
Depression	Q
Albinism	R
Other illness (Specify_____)	S
Other injury (Specify_____	T

2.2 What caused your difficulties?

(Circle the appropriate answers)

No health problem or disability	A
Deformed limbs	B
Deaf or hard of hearing	C
Blind or low vision	D
A paralysis of one or more limbs	E
Amputation or loss of one or more limbs	F
Head injury/trauma	G
Brain damage (Stroke, encephalitis, meningitis, hydrocephalus, etc.)	H
Cerebral palsy	I
Asthma or breathing problems	J
Diabetes	K
High blood pressure or heart problems	L
Epilepsy	M
Tuberculosis	N
Arthritis	O
Psychiatric illness	P
Depression	Q
Albinism	R
Other illness (Specify_____)	S
Other injury (Specify_____	T

2.3 When did your difficulties start?

Before or at the time of my birth	1
As a young child (before 5 years of age)	2
As an older child (5 – 12 years of age)	3
As an adolescent (12 – 18 years of age)	4
As an adult (up to 50 years of age)	5
As an older adult (50 – 70 years of age)	6
As an elderly person (above 70 years of age)	7

2.4 If you started having your difficulties as a child, who was responsible for your Upbringing?

Both parents.....	1
Father.....	2
Mother.....	3
Grandfather/mother.....	4
Relatives.....	5
Disability institutions/organizations.....	6
Other non- relatives.....	7

2.5 **If you started having your difficulties as a child, where were you brought up?**

Both parents.....	1
Father.....	2
Mother.....	3
Grandfather/mother.....	4
Relatives.....	5
Disability government institutions/organizations.....	6
Disability private institutions/organizations.....	7
Other non-relatives (Specify).....	8

2.6 Have you ever been injured as a consequence of the following?

	Yes	No
a. war	1	2
b. domestic violence (in the home)	1	2
c. non-domestic violence (outside the home)	1	2
d. political violence	1	2
e. treatment	1	2
f. animals	1	2
g. fire	1	2
h. accident (vehicle or other)	1	2
i. other (specify_____)	1	2
If No to all of the above: Go to 2.8		

2.7 Was the injury you suffered the cause of your difficulties?

Yes	1
No	2
Don't know	8

2.8 Have you ever experienced violence because of your difficulties?

Yes	1
No	2
Don't know	8

2.9 Have you ever lived in an institution for people with disabilities?

Yes	1
No	2
Don't know	8

3. SERVICES YOU ARE AWARE OF AND HAVE NEEDED AND/OR RECEIVED FOR YOUR DIFFICULTIES (LIKE HEALTH, REHABILITATION, WELFARE & OTHER SUCH SERVICES).

1.1 Which services, if any, are you aware of and have ever needed/received?
[Read out; Enter the appropriate code for each column of each row]

	Aware of service 1=Yes 2=No - **go to next row**	Needed service 1=Yes 2=No	Received service 1=Yes 2=No
	(1)	(2)	(3)
a. Medical rehabilitation (e.g. physiotherapy, occupational therapy, speech and hearing therapy etc)			
b. Assistive devices service (e.g. Sign language interpreter, wheelchair, hearing/visual aids, Braille etc.)			
c. Educational services (e.g. remedial therapist, special school, early childhood stimulation, regular schooling, etc.)			
d. Vocational training (e.g. employment skills training, etc)			
e. Counselling services for person with difficulties or his/her parent/family (e.g. psychologist, psychiatrist, social worker, school counsellor etc)			
f. Welfare services (e.g. provided by social workers)			
g. Health services (e.g. at a primary health care clinic, hospital, home health care services etc.)			
h. Traditional healer/faith healer			

If no services received, i.e. all 2 = "No" for column (3) above, then go to Section 4

1.2 Think of ALL services you have received. if you are no longer getting the service, why did you stop? [Read out the service and insert only ONE code for each service. If a person gives more than one reason ask them which is the most important or main reason and code that reason.]

	Reason stopped Code 1-8
a. Medical rehabilitation	
b. Assistive devices service	
c. Educational services	
d. Vocational training	
e. Counselling for person with difficulties	
f. Counselling for parent/family	
g. Welfare services	
h. Health services	
i. Traditional healer/faith healer	

Coding
1. It was too expensive
2. It was too far or you had no transport
3. It was not helping you anymore
4. I reached the level of functioning I set as goal?
5. The services were no longer available
6. I was not satisfied with services
7. There was a communication/language barrier
8. Other (specify_____)
9. still receiving the service

1.3 What type of transport do you <u>mainly</u> use for getting to:
(circle 1 answer in each row)

Type of activity	Walk	cart pulled by animal	Private car	Public buses	Taxi	Bicycle	Other Specify	Not Applicable
Work or school	1	2	3	4	5	6	7 _____	8
Health facility	1	2	3	4	5	6	7 _____	8
Socialising/ community activities	1	2	3	4	5	6	7 _____	8
Shops and other services	1	2	3	4	5	6	7 _____	8

1.4 How accessible are the following forms of transport? (By accessible we mean that you can get in and out of it easily.)

Type of transport	Accessible and easy to use most of the time	Inaccessible and very difficult to use most of the time	Not available most of the time
cart pulled by animal	1	2	3
Private car	1	2	3
Public buses	1	2	3
Taxi	1	2	3
Bicycle	1	2	3
Other (specify_____)	1	2	3

2 EDUCATION

2.1 Have you received a formal primary education?

Yes	1	[**go to 4.4**]
No	2	[**go to 4.3**]
Don't know/Don't remember	8	[**go to 4.4**]

2.2 What level did you reach?
(CHECK THESE CODES TAKEN FROM HHQ) | | |

Pre-school	00
Std 1	01
Std 2	02
Std 3	03
Std 4	04
Std 5	05
Std 6	06
Std 7	07
Std 8	08
Form I	09
Form II	10
Form III	11
Form IV	12
Form V	13
Form VI	14
Course after primary education	17
Orientation secondary course.	18
Course after secondary Education.	19
Course after form VI education.	20
Diploma course	21
Other certificate	22
University Degree and related titles	23
Adult education only	24
No education	25

2.3 Why did you not receive any formal education?

Disability	1
Poverty situation of my family	2
Environment of school conditions	3
Transport allocation	4
Distance to the school	5
Lack of assistive devices	6
Lack of Personal assistance/care	7
Lack of disable school/class	8
Other (specify).....	9

2.4 If you have not received a formal primary education, have you ever attended classes to learn to read and write as an adult?

Yes	1
No	2
Don't know/Don't remember	8

☐

2.4.1 If YES, where: _____

2.5 What type of school do or did you mainly attend in pre-school, primary school and secondary school? [Do not read out; Circle only one answer for each line]

	Mainstream/ Regular school	Special school	Special class in mainstream/ regular school	Did not go to school	Not Applicable
Pre-school/early childhood development services	1	2	3	4	5
Primary school	1	2	3	4	5
Secondary school	1	2	3	4	5
Tertiary education	1	2	3	4	5
Vocational training	1	2	3	4	5

2.6 Have you ever been refused entry into a school or pre-school? [Circle only one answer for each line]

	Yes	No	Not applicable
Regular pre-school	1	2	3
Regular primary school	1	2	3
Regular secondary school	1	2	3
Special school (any level)	1	2	3
Special class (remedial)	1	2	3

2.7 How old were you when you *first* started regular or special school?

☐☐ years old. [Enter "97" if not applicable or "98" for "Don't know"]

2.8 Did you study as far as you planned?
[Do not read out; Circle only one answer]

Yes	1
No	2
Still studying	3
Not applicable	4
Don't know	8

2.8 [Ask only respondents who are no longer studying]

Has your level of education helped you find any work at all?
[Do not read out; Circle only **one** answer]

Yes	1
No	2
Not applicable	3
Don't know	8

3 EMPLOYMENT AND INCOME

ASK ALL PERSONS 15 YEARS OF AGE OR OLDER.

3.1 Are you currently working? (includes casual labourers, part-time work and those who are self-employed). Circle only **one** answer.

Yes, currently working	1
No, but have been employed previously	2
No, never been employed	3
I am a housewife	4

If "never been employed" (code=3) or "housewife" (code=4), skip to Section (5.4).

3.2 What type of job do you have? If unemployed, what was your last job?

Farming/Livestock keeping…..……	01
Fishing ..…….……	02
Mining...……...…….……	03
Tourism…..…..…...……	04
Paid Employee:	
-Government...……..……	05
-Parastatal……...…...……...……	06
-(NGO)/Religious organisations, etc……	07
-Others (*Private, Missions etc*)…….	08
Self Employed(*Not in agricultural, livestock keeping,fishing)*	
-With Employees ……	09
-Without Employees……	10
Un paid family helper in the business (*Non-agriculture*).	11
Not working but is available for working ……	12
Not working but not seeking for work……...……	13
Housewife with economic activity…….....	14
Housewife without economic activity……	15
Student…….……..	16
No Activity: -Too old/retired/kids…….….	17
-Sick…….……	18
-Disabled…….	19
-Other…….	20
Not applicable…….	99

3.3 If you are unemployed now (5.2 = No) but you have been employed (including self-employed) previously, why did you stop working?

Circle only one answer.

Retired	1
Retrenched (due to cut backs)	2
Fired	3
Injury/accident at work	4
Illness	5
Because of disability	6
Other (specify) _____	7
Not applicable (employed)	8
Don't know	9

3.4 What is your <u>main</u> source of income? *(only circle one response)*

Income from employment (in cash)	1	**Go to 5.6**
Income from employment (in kind)	2	**Go to 5.6**
Income from non-farming self –employment	3	**Go to 5.6**
Income from household agriculture	4	**Go to 5.6**
Remittances (incl. from both inside and outside of country)	5	***<u>Go to 5.5</u>***
Interests from the bank	6	**Go to 5.6**
Rent received	7	**Go to 5.6**
Cash transfers and benefits	8	***<u>Go to 5.5</u>***
Other (specify_____)	9	**Go to 5.6**

3.5 Who do you receive this MAIN source of income from? [Circle only ONE response – the main one]

Family	1
Friends and neighbours	2
Government	3
NGO	4
Disabled people's organisations	5
Employer	6
Other (specify_____)	7
Don't know	8

3.6 What are the TWO MAIN THINGS that the money from your income is spent on? *[*Do not read out; **circle only TWO** answers*]*

Item	Choice
a. Household necessities i.e. food, groceries etc.	A
b. Clothing	B
c. Rent/accommodation	C
d. Recreation/entertainment	D
e. Transport	E
f. Education	F
g. Water and electricity	G
h. Rehabilitation and health care services	H
i. Assistive devices	I
j. Personal assistant/carer (care for self)	J
k. Gifts	K
l. Other (specify) _____	L
m. Don't know	Y

3.7 Are you the one who *mainly* decides how to spend your income?

Yes	1
No	2
Don't know	8

4 YOUR SURROUNDINGS AND HOW EASY IT IS FOR YOU TO GET AROUND. IF YOU USE ONE OR MORE ASSISTIVE DEVICES OR SOMEONE IS HELPING YOU, ANSWER AS IF YOU ARE USING THEM.

ASK BOTH DIRECT & PROXY REPORTERS. PLEASE REMEMBER THE INFORMATION MUST BE ABOUT THE PERSON WITH DIFFICULTIES.

4.1 Let's look at your home first. Are the rooms and toilet accessible? By accessible we mean that you can get in and out <u>easily</u> and use the facility most of the time.

[Read out; Circle only **one** answer for each line]

Home	Yes (accessible)	No (not accessible)	Have none
a. Kitchen	1	2	3
b. Bedroom	1	2	3
c. Living room	1	2	3
d. Dining room	1	2	3
e. Toilet	1	2	3

4.2 Now let's look at various places you might go to. Think of getting in and out of the places, and tell me for each place whether it is generally accessible to you or not. [Read out; Circle only one answer for each line]

Place	YES (Accessible)	NO (Not accessible)	Never go*	None available
a. The place where you work or school you attend	1	2	3	4
b. Shops/banks/post office	1	2	3	4
c. Hospital or clinic	1	2	3	4
d. Place of worship				
o. Other (specify) _____	1	2	3	4

***Never go (code =3) means that this is not relevant for you. If you "never go" because the place is inaccessible to you, then code NO (code = 2).**

5 ASSISTIVE DEVICES:

Whether you have any; how useful they are; problems you experience etc.

ASK BOTH DIRECT & PROXY RESPONDENTS:

PLEASE REMEMBER THE INFORMATION MUST BE ABOUT THE PERSON WITH DIFFICULTIES

5.1 Do you use any medication or traditional medicine for your problem (that has been talked about so far in the questionnaire)?

Yes, hospital/clinic/private doctor	1
Yes, traditional	2
No	3

5.2 Do you use an assistive device? *[*For examples, see 7.3 below*]*

Yes	1	**[go to 7.3]**
No	2	**[go to Section 8]**

5.3 Please specify which assistive devices you use.

[Mark each assistive device the person mentions. Don't read all the devices out but give examples if the person is not sure what to answer. For all assistive devices mentioned in i) ask the questions in columns ii), iii), iv) and v)]

	Device category	**i) Do you use any assistive devices?** Yes = 1 No = 2 N/A or don't need = 3 **Skip: if 'no, N/A or don't need' go to next category of devices**	**ii) Is the device working?** Yes = 1 No = 2 Don't know = 3	**iii) Where did you get the device from?** Private = 1 Government = 2 NGO = 3 Other = 4	**iv) Who repairs your assistive devices?** Self = 1 Government = 2 Family = 3 NGO = 4 Other = 5 Not maintained = 6 Don't know = 7	**v) Were you given information on how to use your assistive devices?** Full information = 1 Some information = 2 No information = 3 Don't know/can't remember = 4
1	**Information**					
a)	eye glasses					
b)	hearing aid					
c)	magnifying glass					
d)	telescoping lenses					
e)	large print					
f)	Braille					
2	**Communication**					
a)	sign language interpreter					
b)	fax					
c)	portable writer					
d)	computer					
3	**Personal mobility**					
a)	wheelchair					
b)	crutches					
c)	walking sticks					
d)	white cane					
e)	guide					
f)	standing frame					
4	**Household items**					
a)	Flashing light on doorbell					

	Device category	i) Do you use any assistive devices? Yes = 1 No = 2 N/A or don't need = 3 **Skip: if 'no, N/A or don't need' go to next category of devices**	ii) Is the device working? Yes = 1 No = 2 Don't know = 3	iii) Where did you get the device from? Private = 1 Government = 2 NGO = 3 Other = 4	iv) Who repairs your assistive devices? Self = 1 Government = 2 Family = 3 NGO = 4 Other = 5 Not maintained = 6 Don't know = 7	v) Were you given information on how to use your assistive devices? Full information = 1 Some information = 2 No information = 3 Don't know/can't remember = 4
b)	amplified telephone					
c)	vibrating alarm clock					
5	**Personal care & protection**					
a)	special fasteners					
b)	bath & shower seats					
c)	toilet seat raiser					
d)	commode chairs					
e)	safety rails					
f)	eating aids					
6	**For handling products & goods**					
a)	gripping tongs					
b)	aids for opening containers					
c)	tools for gardening					
7	**Computer assistive technology** such as keyboards and software for blind or physically disabled people					
8	**Other** **Specify: _____**					

6 HOW YOU FEEL AND WHAT YOU THINK ABOUT BEING A PERSON WITH A DIFFICULTIES. LET'S START WITH YOUR ROLE WITHIN THE HOUSEHOLD AND YOUR FAMILY.

ASK BOTH DIRECT & PROXY RESPONDENTS: PLEASE REMEMBER THE INFORMATION MUST BE ABOUT THE PERSON WITH DIFFICULTIES.

6.1 Which of the following, if any, do people in the household or family help you with?
[Read out; Circle **one** answer for each row]
[**NB: Do not include assistance provided by person paid to care for the person or things you would not normally do because of your age or your culture**]

	Yes	**Some times**	**No**	**Not applicable or not necessary**
a. Dressing	1	2	3	4
b. Toileting	1	2	3	4
c. Bathing	1	2	3	4
d. Eating/Feeding	1	2	3	4
e. Cooking	1	2	3	4
f. Shopping	1	2	3	4
g. Moving around	1	2	3	4
h. Finances	1	2	3	4
i. Transport	1	2	3	4
j. Studying	1	2	3	4
k. Emotional support	1	2	3	4
l. Other (specify) _____	1	2	3	4

6.2 I'm going to ask you some questions about your involvement in different aspects of family and social life. Please listen to each one and answer yes, no, sometimes or not applicable.

[Read out and circle **one** answer for each row]

	Yes	No	Sometimes	Not applicable	Don't know
a. Are you consulted about making household decisions?	1	2	3	4	8
b. Do you go with the family to events such as family gatherings, social events etc.	1	2	3	4	8
c. Do you feel involved and part of the household or family?	1	2	3	4	8
d. Does the family involve you in conversations?	1	2	3	4	8
e. Does the family help you with daily activities/tasks?	1	2	3	4	8
f. **If YES or 'sometimes',** do you appreciate it or like the fact that you get this help?	1	2	3	4	8
g. Do/did you take part in traditional practices of your community and culture? (e.g. initiation ceremonies)	1	2	3	4	8
h. Are you included in community activities such as weddings, funerals, meetings, etc?	1	2	3	4	8
i. Do government officials and service providers treat you with concern and respect?	1	2	3	4	8
j. Are you aware of Organisations for people with disabilities (DPO)?	1	2		4	8
k. Are you a member of a DPO?	1	2		4	8
l. Are you a member of any other organisations, such as church or community organisations?	1	2		4	8

- ONLY ASK RESPONDENTS WITH DIFFICULTIES WHO ARE 15 YEARS OF AGE OR OLDER AND REPORTING FOR THEMSELVES.
- IF THE RESPONDENT IS A PROXY REPORTER FOR A PERSON WITH DIFFICULTIES 15 YEARS OR OLDER, THEN ASK THEM TO ANSWER ABOUT THE PERSON WITH DIFFICULTIES.

6.3 Do you make important decisions about your own life?

[Read out; circle only **one** answer]

All the time	1
Sometimes	2
Never	3
Don't know	8

6.4 Are you married or involved in a relationship?

Yes	1	**[go to 8.5]**
No	2	**[go to 8.6]**
Don't know	8	**[go to 8.6]**

8.5 Does your spouse/partner have difficulties?

Yes	1	**[go to 8.6]**
No	2	**[go to 8.6]**
Don't know	8	**[go to 8.6]**

6.6 Do you have children?

Yes	1	**[go to 8.6.1]**
No	2	**[go to 9]**

8.6.1 If Yes, how many?

Children

6.7 Who MAINLY takes care or helps you take care of your children?
[Do not read out; circle all that apply]

I take care of them myself	A
My spouse/partner	B
My parent	C
A family member (brother, sister, cousin, aunt, etc.)	D
A friend	E
Person with difficulties pays someone	F
Children are old enough and take care of themselves	G
Other (specify) _____	H

END OF INTERVIEW
Thank the respondent and close the interview. Mention that another Person may come back to do a brief check of the questionnaire.

CONFIDENTIAL

DETAILED QUESTIONNAIRE FOR CHILDREN WITH DIFFICULTIES IN FUNCTIONING
(0 – 14 YEARS)

SECTION 1: IDENTIFICATION OF CHILD WITH DIFFICULTIES

REGION _____ ☐☐

DISTRICT _____ ☐☐

WARD/SHEHIA _____ ☐☐☐
VIILLAGE

EA NUMBER ☐☐☐
……..……..

HOUSEHOLD NUMBER ☐☐☐
:……..……..

NAME OF HOUSEHOLD HEAD _____

NAME AND LINE NUMBER OF CHILD WITH DIFFICULTIES/ or selected from household with no difficulties _____ ☐☐

AGE OF CHILD WITH DIFFICULTIES/ or selected from household with no difficulties ☐
.....

SEX OF CHILD WITH DIFFICULTIES/ or selected in household with no difficulties (1=Male, 2=Female)..... ☐

RURAL=1 URBAN =2

IS THE PERSON REPORTING THE CHILD WITH DIFFICULTIES OR A PARENT OR GUARDIAN? [Do not read out. Code by observation] ☐

1 Yes
2 No (i.e. someone else is reporting for the child with difficulties)
3 Both

IF **NO**, WHO IS THE PERSON REPORTING?
NAME AND LINE NUMBER OF PERSON _____ ☐☐

Date of Interview: Day: ☐☐ Month: ☐☐ ☐☐☐☐

Time Started: ☐☐ ☐☐ Time Completed: ☐☐ ☐☐ ☐☐

INTERVIEWER NAME _____

INTERVIEWER VISITS

	Visits			Final Visit				
	1	2	3					
Date				Day				
				Month				
				Year	2	0	0	
Results*								
Next Visit: Date								
Time				Total Number of Visits				

*RESULT CODE:

1 = COMPLETED

SUPERVISOR NAME _____ SIGNATURE _____	INTERVIEW STATUS 1=COMPLETE 2=INCOMPLETE	Did the enumerator have to return to the household	CHECKED by Supervisor	Data entry code

SECTION 2: Difficulties and Environmental factors

1.1 The next questions ask about difficulties your child may have doing certain activities because of a PHYSICAL, MENTAL or EMOTIONAL PROBLEM. When you think about your child, compare him/her to other children of the same age.

ADD Skip for a and c.		No	Some	A lot	Unable
a	Does [NAME] have difficulty seeing?	1→c	2	3	4
b	Does [NAME] have difficulty seeing, even if wearing glasses?	1	2	3	4
c	Does [NAME] have difficulty hearing?	1→e	2	3	4
d	Does [NAME] have difficulty hearing, even if using a hearing aid?	1	2	3	4
e	Does [NAME] have difficulty walking or climbing steps?	1	2	3	4
f	Does [NAME] have difficulty remembering or concentrating?	1	2	3	4
g	Does [NAME] have difficulty (with self-care such as) washing all over or dressing?	1	2	3	4
h	Does [NAME] have difficulty communicating in his or her usual language, (for example understanding or being understood by others)?	1	2	3	4

1.2 The following questions ask more details about difficulties your child may have because of a PHYSICAL, MENTAL or EMOTIONAL PROBLEM. Some of the questions may sound similar but please answer them anyway. Remember, when you answer, compare your child to other children of the same age.

	Circle ONE response that best fits what you feel.	No	Yes			
		No difficulty	Some difficulty	A lot difficulty	Unable to do	N/A child too young
21.	Does your child have difficulty seeing and recognizing a person he/she know from 7 meters away? E.g. across a street	1	2	3	4	5
22.	Does your child have difficulty seeing and recognizing an object at arm's length?	1	2	3	4	5
23.	Does your child have difficulty hearing someone talking on the other side of the room in a normal voice?	1	2	3	4	5
24.	Does your child have difficulty hearing what is said in a conversation with one other person in a quiet room?	1	2	3	4	5
25.	Does your child have difficulty moving around inside his/her home?	1	2	3	4	5
26.	Does your child have difficulty walking a long distance such as a kilometer (or equivalent)?	1	2	3	4	5
27.	Does your child have difficulty in using his/her hands and fingers, such as for picking up small objects or opening and closing containers?	1	2	3	4	5
28.	Does your child have difficulty concentrating on doing something for ten minutes (i.e. a short time)?	1	2	3	4	5
29.	Does your child have difficulty remembering to do important things?	1	2	3	4	5
30.	Does your child have difficulty washing his/her whole body?	1	2	3	4	5
31.	Does your child have difficulty getting dressed?	1	2	3	4	5
32.	Does your child have difficulty feeding him/herself?	1	2	3	4	5
33.	Does your child have difficulty generally understanding what people say?	1	2	3	4	5
34.	Does your child have difficulty talking clearly so people can understand him/her?	1	2	3	4	5
35.	Does your child have difficulty starting and maintaining a conversation?	1	2	3	4	5

	Circle ONE response that best fits what you feel.	No	Yes			
		No difficulty	Some difficulty	A lot difficulty	Unable to do	N/A child too young
36.	Does your child have difficulty learning a new task, for example learning how to play a new game?	1	2	3	4	5
37.	Does your child have difficulty dealing with people he/she does not know?	1	2	3	4	5
38.	Does your child have difficulty getting along with people who are close to him/her?	1	2	3	4	5
39.	Does your child have difficulty making new friends?	1	2	3	4	5
Remember, only tell me about difficulties [NAME] has because of a physical, mental or emotional problem.						
40.	Does your child have difficulty joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can (because of a health problem)?	1	2	3	4	5
41.	Does your child have difficulty taking care of his/her household responsibilities (because of a health problem)?	1	2	3	4	5
42.	Does your child have difficulty in day-to-day schoolwork (because of a health problem)?	1	2	3	4	5

1.3 Physical environment and attitudes of others.

There are many things that can make your child's life easier or more difficult. I want to know about the things that make your child functioning better or worse. For example, having to go up and down stairs makes it difficult if he/she has pain in his/her legs, but a flat path makes it easier.

Does your child's physical environment (building, roads, pavements, etc.) or the attitudes of other people make it easier or more difficult for him/her to……				
	Easier	More difficult	Sometimes easier and sometimes more difficult	Don't know
d) Join in community activities like anyone else can?	1	2	3	4
e) Taking care of you household responsibilities?	1	2	3	4
f) In day-to-day work / schoolwork?	1	2	3	4

1.4 In the following questions, think about the last 12 months. Tell me whether you or your child have experienced the problems below '**always', 'often', 'sometimes', 'seldom' or 'never'**.

Remember, we are interested in problems that you experience because of a physical, mental or emotional problem.

(If the answers are 5,8 & 9 go to the next questions and don't ask about problems)

	1. always	2. often	3. Sometimes	4. seldom	5. never	8. NA	9. Not spec.	2. big problem	1.little problem
1. In the past 12 months, How often has the accessibility of transportation been a problem for you and your child? (By accessibility we mean the ability to get in and out of the transport.)									
When this problem occurs has it been a big problem or a little problem?									
2. In the past 12 months, How often has the information you or your child wanted or needed not been available in a format you can use or understand? (e.g. Braille for Blind people)									
When this problem occurs has it been a big problem or a little problem?									
3. In the past 12 months, how often has the availability of health care services and medical care been a problem for your child?									
When this problem occurs has it been a big problem or a little problem?									
4. In the past 12 months, How often did you need someone else's help to assist with your child in your home and could not get it easily?									
When this problem occurs has it been a big problem or a little problem?									
5. In the past 12 months, How often did you need someone else's help to assist you with your child at school or work and could not get it easily?									
When this problem occurs has it been a big problem or a little problem?									
6. In the past 12 months, How often have other people's attitudes toward your child been a problem at home?									
When this problem occurs has it been a big problem or a little problem?									
7. In the past 12 months, How often have other people's attitudes toward your child been a problem at school or work?									
When this problem occurs has it been a big problem or a little problem?									

1.5 Health and general well-being of your child

1.5a) Thinking about the important negative life events listed below, please indicate the number of times you or your child have experienced each of these during the past 12 months. NB THIS REFERS TO THE NUMBER OF EVENTS, NOT THE DURATION. (Enter 0 if NONE).

NEGATIVE LIFE EVENT	# of times during last 12 months
death	
Injury	
illness	
loss of employment	
displacement	
separation	
divorce	
theft/robbery	
accusation of witchcraft	
conviction for a crime/imprisonment	
Other (specify) _____	

1.5b) Thinking about the important positive life events listed below, please indicate the number of times you or your child have experienced each of these during the past 12 months. (Enter 0 if NONE).

POSITIVE LIFE EVENT	# of times during last 12 months
a birth	
marriage	
employment	
Other financial gain	
athletic/scholastic/political achievements	
initiation ceremonies	
Other (specify) _____	

1.5c) Thinking about your child's general physical health (things like: sickness, illness, injury, disease etc.) – on a scale from 1 (poor) to 4 (very good) – How would you describe your child's overall physical health today?

1	2	3	4	9
poor	not very good	Good	very good	don't know

1.5d) Thinking about your child's general mental health (things like: anxiety, depression, fear, fatigue, tiredness, hopelessness etc.) – on a scale from 1 (poor) to 4 (very good) – How would you describe your child's overall mental health today?

1	2	3	4	9
poor	not very good	good	very good	don't know

1.5e) Below is a list of various feelings that your child may have experienced. I'd like to know how often, during the past month, your child have experienced each of these. (Check one box for each problem)

How often, during the past month, has your child…:	None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
1. …felt worried and anxious?						
2. …felt so down in the dumps, nothing could cheer him/her up?						
3. …felt calm and peaceful?						
4. …felt down-hearted and depressed?						
5. …been happy?						

1.5f) Health information.

We would like know about your understanding of some common diseases in Tanzania and whether you have access to information about them. *(Ask for the parent/caregiver's understanding.)*

	Do you know about this disease?	Do you have access to information about this disease?	Do you know how to prevent this disease?	Has your child ever had this disease?	Have you ever had this disease?	Coding
Malaria						**1 = Yes**
TB						**2 = No**
HIV-AIDS						**9 = Don't know**

1.6 Ask the following questions only if the child is between 2 and 9 years of age.

I WOULD LIKE TO ASK IF YOUR CHILD HAS ANY OF THE HEALTH CONDITIONS I AM GOING TO MENTION TO YOU.	
1. COMPARED WITH OTHER CHILDREN, DOES OR DID [*name*] HAVE ANY SERIOUS DELAY IN SITTING, STANDING, OR WALKING?	YES.....1 NO 2
2. COMPARED WITH OTHER CHILDREN, DOES [*name*] HAVE DIFFICULTY SEEING, EITHER IN THE DAYTIME OR AT NIGHT?	YES.....1 NO 2
3. DOES [*name*] APPEAR TO HAVE DIFFICULTY HEARING? (USES HEARING AID, HEARS WITH DIFFICULTY, COMPLETELY DEAF?)	YES.....1 NO 2
4. WHEN YOU TELL [*name*] TO DO SOMETHING, DOES HE/SHE SEEM TO UNDERSTAND WHAT YOU ARE SAYING?	YES.....1 NO 2
5. DOES [*name*] HAVE DIFFICULTY IN WALKING OR MOVING HIS/HER ARMS OR DOES HE/SHE HAVE WEAKNESS AND/OR STIFFNESS IN THE ARMS OR LEGS?	YES.....1 NO 2
6. DOES [*name*] SOMETIMES HAVE FITS, BECOME RIGID, OR LOSE CONSCIOUSNESS?	YES.....1 NO 2
7. DOES [*name*] LEARN TO DO THINGS LIKE OTHER CHILDREN HIS/HER AGE?	YES.....1 NO 2
8. DOES [*name*] SPEAK AT ALL (CAN HE/SHE MAKE HIM OR HERSELF UNDERSTOOD IN WORDS; CAN SAY RECOGNIZABLE WORDS)?	YES.....1 NO 2
9. **A. (FOR 3-9 YEAR OLDS)**: IS [*name*]'S SPEECH IN ANY WAY DIFFERENT FROM NORMAL (NOT CLEAR ENOUGH TO BE UNDERSTOOD BY PEOPLE OTHER THAN THE IMMEDIATE FAMILY)?	YES.....1 NO 2
9. **B. (FOR 2-YEAR-OLDS)**: CAN [***child***] NAME AT LEAST ONE OBJECT (FOR EXAMPLE, AN ANIMAL, A TOY, A CUP, A SPOON)?	YES.....1 NO 2
10. COMPARED WITH OTHER CHILDREN OF THE SAME AGE, DOES [*name*] APPEAR IN ANY WAY MENTALLY BACKWARD, DULL OR SLOW?	YES.....1 NO 2

2 NOW LET'S TALK ABOUT YOUR CHILD'S DIFFICULTIES.

INSTRUCTION: ASK THE PROXY RESPONDENT ABOUT THE CHILD

2.1 Does your child have any of the following health problems or disability? If yes, please tell me what type of health problem or disability do you have?

No health problem or disability	A
Deformed limbs	B
Deaf or hard of hearing	C
Blind or low vision	D
A paralysis of one or more limbs	E
Amputation or loss of one or more limbs	F
Head injury/trauma	G
Brain damage (Stroke, encephalitis, meningitis, hydrocephalus, etc.)	H
Cerebral palsy	I
Asthma or breathing problems	J
Diabetes	K
High blood pressure or heart problems	L
Epilepsy	M
Tuberculosis	N
Arthritis	O
Psychiatric illness	P
Depression	Q
Albinism	R
Other illness (Specify_____)	S
Other injury (Specify_____	T

If the child has no difficulties on all the questions, Skip Section 2 below and go onto section 3.

2.2 Please describe your child's difficulties as it is without the use of assistive devices or any person helping your child.
(Write down what respondent says in their own words.)

No health problem or disability	A
Deformed limbs	B
Deaf or hard of hearing	C
Blind or low vision	D
A paralysis of one or more limbs	E
Amputation or loss of one or more limbs	F
Head injury/trauma	G
Brain damage (Stroke, encephalitis, meningitis, hydrocephalus, etc.)	H
Cerebral palsy	I
Asthma or breathing problems	J
Diabetes	K
High blood pressure or heart problems	L
Epilepsy	M
Tuberculosis	N
Arthritis	O
Psychiatric illness	P
Depression	Q
Albinism	R
Other illness (Specify_____)	S
Other injury (Specify_____	T

2.3 What caused your child's difficulties?

[Write down what respondent says in their own words.]

Accident injury/trauma	A
Inheritance	B
Harassment	C
Spiritual ideologies/superstitions	D
Born with disability	E
Brain damage (Stroke, encephalitis, meningitis, hydrocephalus, etc.)	F
Cerebral palsy	G
Asthma or breathing problems	H
Diabetes	I
Heart problems	J
Epilepsy	K
Tuberculosis	L
Psychiatric illness	M
Depression	N
Albinism	O
Other illness (Specify_____)	P
N Other injury (Specify_____)	Q

2.4 How old was your child when the difficulties started?

[Write down what respondent says in their own words.]

Before or at the time of my birth	1
As a young child (before 5 years of age)	2
As an older child (5 – 12 years of age)	3
As an adolescent (12 – 18 years of age)	4
As an adult (up to 50 years of age)	5
As an older adult (50 – 70 years of age)	6
As an elderly person (above 70 years of age)	7

2.5 If your child started having difficulties as a young child, who was responsible for your child's upbringing?

[Write down what respondent says in their own words.]

Both parents.....	1
Father.....	2
Mother.....	3
Grandfather/mother.....	4
Relatives.....	5
Disability institutions/organizations.....	6

Other non- relatives.....	7

2.6 If your child started having difficulties as a young child, where was your child brought up?

[Write down what respondent says in their own words.]

Both parents.....	1
Father.....	2
Mother.....	3
Grandfather/mother.....	4
Relatives.....	5
Disability government institutions/organizations.....	6
Disability private institutions/organizations.....	7
Other non-relatives (Specify).....	8

2.7 Has your child ever been injured as a consequence of the following?

	Yes	**No**
a. war	1	2
b. domestic violence (in the home)	1	2
c. non-domestic violence (outside the home)	1	2
d. political violence	1	2
e. treatment	1	2
f. animals	1	2
g. fire	1	2
h. accident (vehicle or other)	1	2
i. other (specify_____)	1	2
If No to all of the above: Go to 2.8		

2.8 Was the injury your child suffered the cause of his/her difficulties?

Yes	1
No	2
Don't know	8

2.9 Has your child ever experienced violence because of his/her difficulties?

Yes	1
No	2
Don't know	8

2.10 Has your child ever lived in an institution for people with disabilities?

Yes	1
No	2
Don't know	8

3. Services YOU are aware of and have needed and/or received for YOUR CHILD'S difficulties (like health, rehabilitation, welfare & other such services).

3.1 Which services, if any, are you *aware* of and your child has ever *needed and received*?
[Read out; Enter the appropriate code for each column of each row]

	Aware of service 1=Yes 2=No - **go to next row**	Needed service 1=Yes 2=No	Received service 1=Yes 2=No
	(1)	(2)	(3)
a. Medical rehabilitation (e.g. physiotherapy, occupational therapy, speech and hearing therapy etc)			
b. Assistive devices service (e.g. Sign language interpreter, wheelchair, hearing/visual aids, Braille etc.)			
c. Educational services (e.g. remedial therapist, special school, early childhood stimulation, regular schooling, etc.)			
d. Vocational training (e.g. employment skills training, etc)			
e. Counselling services for person with difficulties or his/her parent/family (e.g. psychologist, psychiatrist, social worker, school counsellor etc)			
f. Welfare services (e.g. provided by social workers)			
g. Health services (e.g. at a primary health care clinic, hospital, home health care services etc.)			
h. Traditional healer/faith healer			

If no services received, i.e. all 2 = "No" for column (3) above, then go to Section 4.

3.2 Think of ALL services your child has received. If your child is no longer getting the service, why did he/she stop? Give one MAIN reason. ***[Read out the service and use the codes in the right hand column for each service according to the response given]***

	Reason stopped Code 1-8
a. Medical rehabilitation	
b. Assistive devices service	
c. Educational services	
d. Vocational training	
e. Counselling for person with difficulties	
f. Counselling for parent/family	
g. Welfare services	
h. Health services	
i. Traditional healer/faith healer	

Coding
1. It was too expensive
2. It was too far or you had no transport
3. It was not helping your child anymore
4. Your child reached the level of functioning set as the goal?
5. The services were no longer available
6. I was not satisfied with services
7. There was a communication/language barrier
8. Other
9. still receiving service

3.3 What type of transport do you mainly use for getting your child to: (circle 1 answer in each row)

Type of activity	Walk	cart pulled by animal	Private car	Public buses	Taxi	Bicycle	Other Specify	Not Applicable
School	1	2	3	4	5	6	7	8
Health facility	1	2	3	4	5	6	7	8
Socialising/ playing with other children	1	2	3	4	5	6	7	8
Shops and other services	1	2	3	4	5	6	7	8

3.4 How accessible are the following forms of transport? (By accessible we mean that you and your child can get in and out of it easily.)

Type of transport	**Accessible and easy to use most of the time**	**Inaccessible and very difficult to use most of the time**	**Not available most of the time**
cart pulled by animal	1	2	3
Private car	1	2	3
Public buses	1	2	3
Taxi	1	2	3
Bicycle	1	2	3
Other (specify_____)	1	2	3

4. EDUCATION

4.1 Does [NAME] attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care?

Yes, Government kindergarten	1	**Go to 4.1a)**
Yes, Private Kindergarten	2	**Go to 4.1a)**
Yes, NGO kindergarten	3	**Go to 4.1a)**
Yes, Community group	4	**Go to 4.1a)**
Yes, Other group (specify_____)	5	**Go to 4.1a)**
No, Does not attend any facility/ stays at home	6	**Go to 4.3**
No, Child is too young to be in care/education facility	7	**Go to 4.3**

4.1a) If your child does attend a programme or facility, about how many hours did [NAME] attend in the last 7 days? _____(Number of hours)

4.2 What type of school does or did your child *mainly* attend in pre-school, primary school and secondary school? *[Do not read out; Circle only one answer for each line]*

	Mainstream/ Regular school	Special school	Special class in mainstream/ regular school	Did not go to school	Not Applicable (e.g. too young)
Pre-school/early childhood development services	1	2	3	4	5
Primary school	1	2	3	4	5
Secondary school	1	2	3	4	5
Tertiary education	1	2	3	4	5
Vocational training	1	2	3	4	5

4.3 Has your child ever been refused entry into a school or pre-school or care facility because of his/her difficulties? [Circle only one answer for each line]

	Yes	No	Not applicable
Care facility	1	2	3
Regular pre-school	1	2	3
Regular primary school	1	2	3
Regular secondary school	1	2	3
Special school (any level)	1	2	3
Special class (remedial)	1	2	3

4.4 How old was your child when he/she first started regular or special school?

Years old. [Enter "97" if not applicable or "98" for "Don't know"]

4.5 Did your child study as far as you planned for him/her?
[Do not read out; Circle only one answer]

Yes	1
No	2
Still studying	3
Other (specify_____)	4
Not applicable (e.g. too young to be in school)	5
Don't know	6

4.6 Do you (ADULT CARE GIVER) receive any assistance in cash or kind to help you with your child?

Yes, cash	1	**Go to 4.7**
Yes, in kind	2	**Go to 4.7**
Yes, cash and in kind	3	**Go to 4.7**
No	4	**Go to Question 5**
Don't know	8	**Go to Question 5**

4.7 Who do you receive this assistance from? (circle all that apply)

Family	A
Friends and neighbours	B
Government	C
NGO	D
Disabled people's organisations	E
Other (specify_____)	F
Don't know	Y

4.8 What are the TWO MAIN THINGS that the money from your income is spent on? [Do not read out; circle only TWO answers]

Item	Choice
a. Household necessities i.e. food, groceries etc.	A
b. Clothing	B
c. Rent/accommodation	C
d. Recreation/entertainment	D
e. Transport	E
f. Education	F
g. Water and electricity	G
h. Rehabilitation and health care services	H
i. Assistive devices	I

j. Personal assistant/carer (care for self)	J
k. Gifts	K
k. Other (specify) _____	L
l. Don't know	98

5 Your child's surroundings and how easy it is for you to get around with your child. if you use one or more assistive devices or someone is helping your child, answer as if your child is using them.

PLEASE REMEMBER THE INFORMATION MUST BE ABOUT THE PERSON WITH DIFFICULTIES.
IF THE CHILD HAS NO DIFFICULTIES, SKIP TO SECTION 7.

5.1 Let's look at your home first. Are the rooms and toilet accessible? By accessible we mean that your child can get in and out easily and use the facility most of the time.

[Read out; Circle only one answer for each line]

Home	Yes (accessible)	No (not accessible)	Have none
a. Kitchen	1	2	3
b. Bedroom	1	2	3
c. Living room	1	2	3
d. Dining room	1	2	3
e. Toilet	1	2	3

5.2 Now let's look at various places your child might go to. Think of your child getting in and out of the places, and tell me for each place whether it is generally accessible to your child or not. [Read out; Circle only one answer for each line]

Place	YES (Accessible)	NO (Not accessible)	Never go*	None available
a. The place where your child plays	1	2	3	4
b. The school your child attends	1	2	3	4
c. The shops that your child goes to most often	1	2	3	4
d. Hospital	1	2	3	4
e. Primary Health Care Clinic	1	2	3	4
f. Other (specify) _____	1	2	3	4

*Never go (code =3) means that this is not relevant for you. If you "never go" because the place is inaccessible to you, then code NO (code = 2).

6 ASSISTIVE DEVICES:

Whether you have any; how useful they are; problems you experience etc.

PLEASE REMEMBER THE INFORMATION MUST BE ABOUT THE CHILD WITH DIFFICULTIES

6.1 Does your child use any medication or traditional medicine for his/her health problem? Problem (that has been talked about so far in the questionnaire)?

Yes, hospital/clinic/private doctor	1
Yes, traditional	2
No	3

6.2 Does your child use an assistive device? [For examples, see 6.3 below]

Yes	1	[go to 6.3]
No	2	[go to Section 7]

6.3 Please specify which assistive devices your child uses.

[Mark each assistive device the person mentions. Don't read all the devices out but give examples if the person is not sure what to answer. For all assistive devices mentioned in i) ask the questions in columns ii), iii), iv) and v)]

	Device category	Does your child use any assistive devices? Yes = 1 No = 2 N/A or don't need = 3 IF NO, GO TO NEXT CATGEGORY	ii) Is the device working? Yes = 1 No = 2 Don't know = 3	iii) Where did you get the device from? Private = 1 Government = 2 Family = 3 NGO = 3 Other = 4	iv) Who repairs your child's assistive devices? Self = 1 Government = 2 Family = 3 NGO = 4 Other = 5 Not maintained = 6 Don't know = 7	v) Were you and your child given information on how to use the assistive devices? Full information = 1 Some information = 2 No information = 3 Don't know/can't remember = 4
1	**Information**					
a)	eye glasses					
b)	hearing aid					
c)	magnifying glass					
d)	telescoping lenses					
e)	large print					
f)	Braille					
2	**Communication**					
a)	sign language interpreter					
b)	fax					
c)	portable writer					
d)	computer					
3	**Personal mobility**					
a)	wheelchair					
b)	crutches					
c)	walking sticks					
d)	white cane					
e)	guide					
f)	standing frame					

	Device category	Does your child use any assistive devices? Yes = 1 No = 2 N/A or don't need = 3 IF NO, GO TO NEXT CATGEGORY	ii) Is the device working? Yes = 1 No = 2 Don't know = 3	iii) Where did you get the device from? Private = 1 Government = 2 NGO = 3 Other = 4	iv) Who repairs your child's assistive devices? Self = 1 Government = 2 Family = 3 NGO = 4 Other = 5 Not maintained = 6 Don't know = 7	v) Were you and your child given information on how to use the assistive devices? Full information = 1 Some information = 2 No information = 3 Don't know/can't remember = 4
4	**Household items**					
a)	Flashing light on doorbell					
b)	amplified telephone					
c)	vibrating alarm clock					
5	**Personal care & protection**					
a)	special fasteners					
b)	bath & shower seats					
c)	toilet seat raiser					
d)	commode chairs					
e)	safety rails					
f)	eating aids					
6	**For handling products & goods**					
a)	gripping tongs					
b)	aids for opening containers					
c)	tools for gardening					
7	**Computer assistive technology** such as keyboards and software for blind or physically disabled people					
8	**Other** **Specify: _____**					

How you feel and what you think about your child with difficulties. Let's start with your family.

ASK THESE QUESTIONS ABOUT EVERY CHILD, EVEN THOSE WITHOUT DIFFICULTIES

7.1 Which of the following, if any, do people in the household or family help your child with?
[Read out; Circle one answer for each row]
[NB: Do not include assistance provided by person paid to care for the person or things your child would not normally do because of his/her age or culture]

	Yes	Some times	No	Not applicable or not necessary
a. Dressing	1	2	3	4
b. Toileting	1	2	3	4
c. Bathing	1	2	3	4
d. Eating/Feeding	1	2	3	4
e. Cooking	1	2	3	4
f. Shopping	1	2	3	4
g. Moving around	1	2	3	4
h. Finances	1	2	3	4
i. Transport	1	2	3	4
j. Studying	1	2	3	4
k. Emotional support	1	2	3	4
l. Other (specify) _____	1	2	3	4

7.2 I'm going to ask you some questions about your child's involvement in different aspects of family and social life. Please listen to each one and answer yes, no, sometimes or not applicable.
[Read out and circle one answer for each row]

	Yes	No	Sometimes	Not applicable	Don't know
a. Does your child go with the family to events such as family gatherings, social events etc.	1	2	3	4	8
b. Does your child feel involved and part of the household or family?	1	2	3	4	8
c. Does the family involve your child in conversations?	1	2	3	4	8
d. Does the family help your child with daily activities/tasks?	1	2	3	4	8
e. If YES, does your child appreciate it or like the fact that he/she gets this help?	1	2	3	4	8
f. Does/did your child take part in traditional practices of your community and culture? (e.g. initiation ceremonies)	1	2	3	4	8
g. Is your child included in community activities such as weddings, funerals, meetings, etc?	1	2	3	4	8
h. Do government officials and service providers treat you and your child with concern and respect?	1	2	3	4	8
i. Are you aware of Organisations for people with disabilities (DPO)?	1	2		4	8
j. Are you or your child a member of a DPO?	1	2		4	8

k. Is your child a member of any other organisations, such as sports, church or community youth organisations?	1	2		4	8

7.3 Let me ask you a few questions about how you are treated because of your child with difficulties.

	1. always	2. often	3. SOMTEIMTE	4. seldom	5. never	8. NA	9. Not spec.	2. big problem	1.little problem
A). In the past 12 months, how often have other people's attitudes toward you because of your child been a problem at home?									
When this problem occurs has it been a big problem or a little problem?									
B). In the past 12 months, how often have other people's attitudes toward you because of your child been a problem at school or play?									
When this problem occurs has it been a big problem or a little problem?									
c). In the past 12 months, how often did you experience prejudice or discrimination because of your child?									
When this problem occurs has it been a big problem or a little problem?									

END OF INTERVIEW

Thank the respondent and close the interview. Mention that another Person may come back to do a brief check of the questionnaire.