



[name of country]

QUESTIONNAIRE FORM FOR CHILD DISABILITY

CHILD DISABILITY QUESTIONNAIRE FORM	DA
DA1. Cluster number: _____	DA2. Household number: _____
DA3. Child's name: Name _____	DA4. Child's line number: _____
DA5. Mother's / Caretaker's name: Name _____	DA6. Mother's / Caretaker's line number: _____
DA7. Interviewer name and number: Name _____	DA8. Day / Month / Year of interview: ____ / ____ / _____

Repeat greeting if not already read to this respondent:

WE ARE FROM (**country-specific affiliation**). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT (*name*)'S HEALTH CONDITION. THIS WILL TAKE ONLY A FEW MINUTES. ALL THE INFORMATION YOU GIVE ME WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH THOSE OUTSIDE OF TEAM.

If greeting at the beginning of the household questionnaire has already been read to this respondent, then read the following:

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (**child's name from DA3**)'S HEALTH CONDITION. THIS WILL TAKE ONLY A FEW MINUTES. AGAIN, ALL THE INFORMATION YOU GIVE ME WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH THOSE OUTSIDE OUR TEAM.

MAY I START NOW?

Yes, permission is given ⇨ Go to DA12 to begin the interview.

No, permission is not given ⇨ Complete DA9. Discuss this result with your supervisor

DA9. Result of interview for child disability <i>Codes refer to mother/caretaker.</i>	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (<i>specify</i>) _____ 96
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DA10. Field edited by (Name and number): Name _____	DA11. Data entry clerk (Name and number): Name _____
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CHILD DISABILITY		DA
<i>To be administered to mothers or caretakers of children age 2-9 years.</i>		
DA12. Copy child's name and age from HL2 and HL6, from Household Listing Form.	Name..... _____ Age..... _____	
DA13. COMPARED WITH OTHER CHILDREN, DOES OR DID (<i>name</i>) HAVE ANY SERIOUS DELAY IN SITTING STANDING, OR WALKING?	Yes 1 No..... 2	
DA14. COMPARED WITH OTHER CHILDREN, DOES (<i>name</i>) HAVE DIFFICULTY SEEING, EITHER IN THE DAYTIME OR AT NIGHT?	Yes 1 No..... 2	
DA15. DOES (<i>name</i>) APPEAR TO HAVE ANY DIFFICULTY HEARING (USES HEARING AID, HEARS WITH DIFFICULTY OR COMPLETELY DEAF)?	Yes 1 No..... 2	
DA16. WHEN YOU TELL (<i>name</i>) TO DO SOMETHING, DOES HE/SHE SEEM TO UNDERSTAND WHAT YOU ARE SAYING?	Yes 1 No..... 2	
DA17. DOES (<i>name</i>) 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	
DA18. DOES (<i>name</i>) SOMETIMES HAVE FITS, BECOME RIGID, OR LOSE CONSCIOUSNESS?	Yes 1 No..... 2	
DA19. DOES (<i>name</i>) LEARN TO DO THINGS LIKE OTHER CHILDREN HIS/HER AGE?	Yes 1 No..... 2	
DA20. DOES (<i>name</i>) SPEAK AT ALL (CAN HE/SHE MAKE HIM OR HERSELF UNDERSTOOD IN WORDS; CAN HE/SHE SAY ANY RECOGNIZABLE WORDS)?	Yes 1 No..... 2	
DA21. Check DA12: Age of child		
<input type="checkbox"/> Child age 3 through 9 ⇒ Continue with DA22 <input type="checkbox"/> Child age 2 ⇒ Go to DA23		
DA22. IS (<i>name</i>)'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	1 ⇒ DA24 2 ⇒ DA24
DA23. CAN (<i>name</i>) NAME AT LEAST ONE OBJECT (FOR EXAMPLE, AN ANIMAL, A TOY, A CUP, A SPOON)?	Yes 1 No..... 2	

<p>DA24. COMPARED WITH OTHER CHILDREN OF THE SAME AGE, DOES (<i>name</i>) APPEAR IN ANY WAY MENTALLY BACKWARD, DULL OR SLOW?</p>	<p>Yes 1 No..... 2</p>	
<p>DA25. AS PART OF THIS SURVEY, OTHERS IN OUR TEAM MAY VISIT YOU AGAIN TO COLLECT MORE INFORMATION ON SOME OF THE TOPICS WE HAVE JUST TALKED ABOUT, CONCERNING (<i>name</i>). SUCH A VISIT MAY TAKE PLACE WITHIN THE NEXT (<i>days/weeks/months</i>).</p> <p>MAY I PROCEED AND NOTE THAT YOU WOULD BE FINE WITH SUCH A VISIT, IF IT OCCURS AT ALL? AGAIN, YOU MAY CHANGE YOUR MIND AND DECLINE TO SPEAK TO OUR TEAM IF AND WHEN THE VISIT HAPPENS.</p>	<p>Respondent has no objections to additional visit..... 1 Respondent uncertain about additional visit/Depends..... 2 Refused additional visit..... 3</p>	