

## Rapid Assessment of Disability Questionnaire for Children aged 5-17 years

### i. Identification

Cluster Number _____	Respondent ID _____	Relationship with the child _____	Household ID <sup>1</sup> _____
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<sup>1</sup>The Household ID is from the Household Questionnaire. Everyone from the same household will have the same household ID number.

### ii. Interview Status

	Visit #1	Visit #2	Visit #3
<b>Date (dd/mm/yyyy)</b>	__ / __ / ____	__ / __ / ____	__ / __ / ____
<b>Time</b>	__ : __ AM/PM	__ : __ AM/PM	__ : __ AM/PM
<b>Interviewer ID</b>	_____	_____	_____
<b>Available for interview</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Result code</b>	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____
<b>Interviewer: Insert Final Result Code</b> 01 = Completed interview (interview is accepted and conducted) 02 = Partially completed interview (person will not be contacted anymore) 03 = Refusal 04 = No interview because individual respondent is not eligible 05 = Language barrier 06 = House is vacant 07 = Occupants elsewhere (e.g. seasonal vacancy) 08 = Individual respondent away at work 09 = Individual respondent away travelling 10 = Other (please specify)			

### i. Consent

- Consent given for interview and consent form signed  
 Consent given for interview and provided verbal consent

### iii. Referral

**What referral information was provided or action undertaken?**

.....

Supervisor	<input type="checkbox"/> <input type="checkbox"/>	Field Editor	<input type="checkbox"/> <input type="checkbox"/>	Office Editor	<input type="checkbox"/> <input type="checkbox"/>	Encoder	<input type="checkbox"/> <input type="checkbox"/>
Name and Signature	Date	Name and Signature	Date	Name and Signature	Date	Name and Signature	Date

## Section 1 – Demographics

No.	Question	Code	Skip	
1.01a	<b>What is your current place or residence?</b> <i>(Village or town)</i>			
1.01b	<b>Is that urban, peri-urban, rural or remote?</b>	Urban	1	
		Peri-urban	2	
		Rural	3	
		Remote	4	
1.02	<b>How old is [name]?</b> <i>(Age in years)</i>			
1.03	<i>Identify gender. If not clear ask: If not clear, ask: <b>What is [name's] gender?</b></i>	Male	1	
		Female	2	
1.04	<b>What is [name's] ethnicity?</b>	Code 1	1	
		Code 2	2	
		Code 3	3	
		Code 4	4	
		Code 5	5	
		Other (please specify)	87	
1.05	<b>What is [name's] religion?</b>	Code 1	1	
		Code 2	2	
		Code 3	3	
		Code 4	4	
		Code 5	5	
		No religion/faith	6	
		Do not want to respond	88	
		Other (please specify)	87	
1.06	<b>Have [name] ever attended school?</b>	Yes	1	
		No	0	
1.07	<b>What is the highest level that [name] has completed in school?</b>	Preschool/Nursery school	1	
		Primary	2	
		Secondary	3	
		Secondary	4	
		Other (Please specify)	87	

No.	Question	Code	Skip	
1.08	<b>Is [name] currently enrolled at school</b>	Currently at school	1	
		Has left school	2	Go to 1.10
1.09	<b>In the last 1 month how many days [name] has missed school?</b>	None	0	All responses
		1 day	1	Go to 1.11
		>1 day	2	
1.10	<b>Why did [name] <u>not go to school?</u></b> <i>(DO NOT read out options – Circle <u>all</u> applicable)</i>	No schools in the area	1	All Responses Go to 1.11
		School too far away	2	
		Difficult to reach school (eg limited transport, roads not good)	3	
		School not physically accessible	4	
		Needed to get paid job	5	
		Cost of attending school (eg. tuition fees, uniform, transport)	6	
		Caring for relative(s)	7	
		Family did not want me to go to school	8	
		Taking care of family	9	
		School did not allow me to attend	10	
		Absence of specific teaching aids and approaches	11	
Others (please specify)				
1.11	<b>How would you describe [name's] general health now?</b>	Very good	1	
		Good	2	
		Moderate	3	
		Bad	4	
		Very bad	5	
		No response/don't know	89	
1.12a	<b>What is the MAJOR impairment or health problem that limits [name's] activities?</b> <i>(Do <u>not</u> read out. Circle <u>all</u> applicable)</i>	None	0	Go to 1.13
		Neurological problem	1	
		Spinal problem (injury, spina bifida)	2	
		Heart problem	3	
		Musculoskeletal problem (e.g. limb deficiency, club foot etc)	4	
		Fractures, bone injury	5	
		Eye/vision problem	6	
		Hearing problem	7	
		Breathing problem	8	
		Epilepsy	9	
		Cancer	10	
		Behaviour problem	11	
		Intellectual/cognitive problem	12	
		Genetic problem (syndromes)	13	
		Developmental problem	14	
		Other (please specify)	87	
Do not know	89	Go to 1.13		

No.	Question	Code	Skip	
1.12b	<b>Among the health conditions you have listed which one limits [name's] activities the most?</b> <i>(Read out options selected above and write ONE option)</i>			
1.13	<b>Does [name] use assistive devices?</b> <i>(Read examples from Q1.15a if needed and show the pictures of assistive devices)</i>	Yes	1	
		No	0	Go to CF1
		No response/don't know	89	Go to CF1
1.14	<b>What type of assistive device(s) is [name] currently using?</b> <i>Circle <u>all</u> applicable options – show the pictures of assistive devices)</i>	Hand-powered tricycle	1	
		Wheelchair	2	
		Crutches	3	
		Walking stick	4	
		Walking frame	5	
		Hearing aid	6	
		White cane	7	
		Glasses	8	
		Magnifier	9	
		Orthotic device (to support legs, arms or spine)	10	
		Artificial limbs	11	
		Communication boards (e.g. a board which people use to point to and express themselves)	12	
		Other (please specify)	87	

## Section 2 –UNICEF/WG Module on Child Functioning and Disability

**(Read out the following statement) The next set of questions asks about difficulties your child may have doing certain activities in the last 6 months.**

No. Question	Code	Skip
<p><b>CF1.</b> I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DIFFICULTIES YOUR CHILD MAY HAVE.</p> <p>DOES (<i>NAME</i>) WEAR GLASSES OR CONTACT LENSES?</p>	<p>Yes..... 1 No ..... 2</p>	<p>2⇒CF3</p>
<p><b>CF2.</b> WHEN WEARING HIS/HER GLASSES OR CONTACT LENSES, DOES (<i>NAME</i>) HAVE DIFFICULTY SEEING?</p> <p>WOULD YOU SAY (<i>NAME</i>) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all ..... 4</p>	<p>1⇒CF4 2⇒CF4 3⇒CF4 4⇒CF4</p>
<p><b>CF3.</b> DOES (<i>NAME</i>) HAVE DIFFICULTY SEEING?</p> <p>WOULD YOU SAY (<i>NAME</i>) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all ..... 4</p>	
<p><b>CF4.</b> DOES (<i>NAME</i>) USE A HEARING AID?</p>	<p>Yes..... 1 No ..... 2</p>	<p>2⇒CF6</p>
<p><b>CF5.</b> WHEN USING HIS/HER HEARING AID, DOES (<i>NAME</i>) HAVE DIFFICULTY HEARING SOUNDS LIKE PEOPLES' VOICES OR MUSIC?</p> <p>WOULD YOU SAY (<i>NAME</i>) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all ..... 4</p>	<p>1⇒CF7 2⇒CF7 3⇒CF7 4⇒CF7</p>
<p><b>CF6.</b> DOES (<i>NAME</i>) HAVE DIFFICULTY HEARING SOUNDS LIKE PEOPLES' VOICES OR MUSIC?</p> <p>WOULD YOU SAY (<i>NAME</i>) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all ..... 4</p>	
<p><b>CF7.</b> DOES (<i>NAME</i>) USE ANY EQUIPMENT OR RECEIVE ASSISTANCE FOR WALKING?</p>	<p>Yes..... 1 No ..... 2</p>	<p>2⇒CF12</p>
<p><b>CF8.</b> WITHOUT HIS/HER EQUIPMENT OR ASSISTANCE, DOES (<i>NAME</i>) HAVE DIFFICULTY WALKING 100 YARDS/METERS ON LEVEL GROUND? THAT WOULD BE ABOUT THE LENGTH OF 1 FOOTBALL FIELD. [OR INSERT COUNTRY SPECIFIC EXAMPLE].</p> <p>WOULD YOU SAY (<i>NAME</i>) HAS: SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all ..... 4</p>	<p>3⇒CF10 4⇒CF10</p>

<p><b>CF9.</b> WITHOUT HIS/HER EQUIPMENT OR ASSISTANCE, DOES (<i>NAME</i>) HAVE DIFFICULTY WALKING 500 YARDS/METERS ON LEVEL GROUND? THAT WOULD BE ABOUT THE LENGTH OF 5 FOOTBALL FIELDS. [OR INSERT COUNTRY SPECIFIC EXAMPLE].</p> <p>WOULD YOU SAY (<i>NAME</i>) HAS: SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>Some difficulty ..... 2  A lot of difficulty ..... 3  Cannot do at all ..... 4</p>	
<p><b>CF10.</b> WITH HIS/HER EQUIPMENT OR ASSISTANCE, DOES (<i>NAME</i>) HAVE DIFFICULTY WALKING 100 YARDS/METERS ON LEVEL GROUND? THAT WOULD BE ABOUT THE LENGTH OF 1 FOOTBALL FIELD. [OR INSERT COUNTRY SPECIFIC EXAMPLE].</p> <p>WOULD YOU SAY (<i>NAME</i>) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty ..... 1  Some difficulty ..... 2  A lot of difficulty ..... 3  Cannot do at all ..... 4</p>	<p>3⇒CF14  4⇒CF14</p>
<p><b>CF11.</b> WITH HIS/HER EQUIPMENT OR ASSISTANCE, DOES (<i>NAME</i>) HAVE DIFFICULTY WALKING 500 YARDS/METERS ON LEVEL GROUND? THAT WOULD BE ABOUT THE LENGTH OF 5 FOOTBALL FIELDS. [OR INSERT COUNTRY SPECIFIC EXAMPLE].</p> <p>WOULD YOU SAY (<i>NAME</i>) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty ..... 1  Some difficulty ..... 2  A lot of difficulty ..... 3  Cannot do at all ..... 4</p>	<p>1⇒CF14</p>
<p><b>CF12.</b> COMPARED WITH CHILDREN OF THE SAME AGE, DOES (<i>NAME</i>) HAVE DIFFICULTY WALKING 100 YARDS/METERS ON LEVEL GROUND? THAT WOULD BE ABOUT THE LENGTH OF 1 FOOTBALL FIELD. [OR INSERT COUNTRY SPECIFIC EXAMPLE].</p> <p>WOULD YOU SAY (<i>NAME</i>) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty ..... 1  Some difficulty ..... 2  A lot of difficulty ..... 3  Cannot do at all ..... 4</p>	<p>3⇒CF14  4⇒CF14</p>
<p><b>CF13.</b> COMPARED WITH CHILDREN OF THE SAME AGE, DOES (<i>NAME</i>) HAVE DIFFICULTY WALKING 500 YARDS/METERS ON LEVEL GROUND? THAT WOULD BE ABOUT THE LENGTH OF 5 FOOTBALL FIELDS. [OR INSERT COUNTRY SPECIFIC EXAMPLE].</p> <p>WOULD YOU SAY (<i>NAME</i>) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty ..... 1  Some difficulty ..... 2  A lot of difficulty ..... 3  Cannot do at all ..... 4</p>	
<p><b>CF14.</b> DOES (<i>NAME</i>) HAVE DIFFICULTY WITH SELF-CARE SUCH AS FEEDING OR DRESSING HIM/HERSELF?</p>		

<p>WOULD YOU SAY (<i>NAME</i>) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty..... 1  Some difficulty ..... 2  A lot of difficulty ..... 3  Cannot do at all ..... 4</p>	
<p><b>CF15.</b> WHEN (<i>NAME</i>) SPEAKS, DOES HE/SHE HAVE DIFFICULTY BEING UNDERSTOOD BY PEOPLE INSIDE OF THIS HOUSEHOLD?</p> <p>WOULD YOU SAY (<i>NAME</i>) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty..... 1  Some difficulty ..... 2  A lot of difficulty ..... 3  Cannot do at all ..... 4</p>	
<p><b>CF16.</b> WHEN (<i>NAME</i>) SPEAKS, DOES HE/SHE HAVE DIFFICULTY BEING UNDERSTOOD BY PEOPLE OUTSIDE OF THIS HOUSEHOLD?</p> <p>WOULD YOU SAY (<i>NAME</i>) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty..... 1  Some difficulty ..... 2  A lot of difficulty ..... 3  Cannot do at all ..... 4</p>	
<p><b>CF17.</b> COMPARED WITH CHILDREN OF THE SAME AGE, DOES (<i>NAME</i>) HAVE DIFFICULTY LEARNING THINGS?</p> <p>WOULD YOU SAY (<i>NAME</i>) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty..... 1  Some difficulty ..... 2  A lot of difficulty ..... 3  Cannot do at all ..... 4</p>	
<p><b>CF18.</b> COMPARED WITH CHILDREN OF THE SAME AGE, DOES (<i>NAME</i>) HAVE DIFFICULTY REMEMBERING THINGS?</p> <p>WOULD YOU SAY (<i>NAME</i>) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty..... 1  Some difficulty ..... 2  A lot of difficulty ..... 3  Cannot do at all ..... 4</p>	
<p><b>CF19.</b> DOES (<i>NAME</i>) HAVE DIFFICULTY CONCENTRATING ON AN ACTIVITY THAT HE/SHE ENJOYS DOING?</p> <p>WOULD YOU SAY (<i>NAME</i>) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty..... 1  Some difficulty ..... 2  A lot of difficulty ..... 3  Cannot do at all ..... 4</p>	
<p><b>CF20.</b> DOES (<i>NAME</i>) HAVE DIFFICULTY ACCEPTING CHANGES IN HIS/HER ROUTINE?</p> <p>WOULD YOU SAY (<i>NAME</i>) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty..... 1  Some difficulty ..... 2  A lot of difficulty ..... 3  Cannot do at all ..... 4</p>	
<p><b>CF21.</b> COMPARED WITH CHILDREN OF THE SAME AGE, DOES (<i>NAME</i>) HAVE DIFFICULTY CONTROLLING HIS/HER BEHAVIOUR?</p>	<p>No difficulty..... 1  Some difficulty ..... 2  A lot of difficulty ..... 3</p>	

WOULD YOU SAY ( <i>NAME</i> ) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	Cannot do at all ..... 4	
<b>CF22. DOES (<i>NAME</i>) HAVE DIFFICULTY MAKING FRIENDS?</b>  WOULD YOU SAY ( <i>NAME</i> ) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all ..... 4	
<b>CF23. HOW OFTEN DOES (<i>NAME</i>) SEEM VERY ANXIOUS, NERVOUS OR WORRIED?</b>  WOULD YOU SAY: DAILY, WEEKLY, MONTHLY, A FEW TIMES A YEAR OR NEVER?	Daily ..... 1 Weekly ..... 2 Monthly ..... 3 A few times a year ..... 4 Never ..... 5	
<b>CF24. HOW OFTEN DOES (<i>NAME</i>) SEEM VERY SAD OR DEPRESSED?</b>  WOULD YOU SAY: DAILY, WEEKLY, MONTHLY, A FEW TIMES A YEAR OR NEVER?	Daily ..... 1 Weekly ..... 2 Monthly ..... 3 A few times a year ..... 4 Never ..... 5	

**REVIEW OF RESPONSES**

R1. Did the participant respond, "a lot of difficulty" and "cannot do at all" for all questions, and "a lot more" for the question on controlling behaviour?

Yes

No

If the response is 'YES' continue with the questionnaire.

R2. If the response is 'NO' is this participant a matched control?

Yes **➡** Record respondent ID number from matched person with a disability \_\_\_\_\_ and continue with Section 3 and 4

No **➡** The questionnaire is COMPLETE and Thank the participant for their time.

Record time of completion: \_\_\_\_\_

Interviewer initials: \_\_\_\_\_

Supervisor initials: \_\_\_\_\_



### Section 3 – Well-being

No.	Question	Code	Skip	No.
3.01	<b>In the last 6 months, has [name]’s <u>been unwell</u>?</b>	All of the time	1	
		Most of the time	2	
		Some of the time	3	
		Never	4	
		Don’t know/can’t remember	89	
3.02	<b>In the last 6 months, how often has [name] had <u>good quality sleep</u>?</b>	All of the time	1	
		Most of the time	2	
		Some of the time	3	
		Never	4	
		Don’t know/can’t remember	89	
3.03	<b>In the last 6 months, how often has [name] been <u>confident to learn new things</u>? (e.g. playing a new game, or doing something [name] has never done before)</b>	All of the time	1	
		Most of the time	2	
		Some of the time	3	
		Never	4	
		Don’t know/can’t remember	89	
3.04	<b>In the last 6 months, how often has [name] <u>enjoyed life</u>?</b>	All of the time	1	
		Most of the time	2	
		Some of the time	3	
		Never	4	
		Don’t know/can’t remember	89	
3.05	<b>In the last 6 months, how often has [name] been <u>respected by the community</u> the same way as others?</b>	All of the time	1	
		Most of the time	2	
		Some of the time	3	
		Never	4	
		Don’t know/can’t remember	89	
3.06	<b>In the last 6 months, how often [name] felt <u>good with the way s/he looks</u>?</b>	All of the time	1	
		Most of the time	2	
		Some of the time	3	
		Never	4	
		Don’t know/can’t remember	89	
3.07	<b>In the last 6 months, how often has [name] felt <u>safe in his/her daily life</u>?</b>	All of the time	1	
		Most of the time	2	
		Some of the time	3	
		Never	4	
		Don’t know/can’t remember	89	
3.08	<b>In the last 6 months, how often has [name] been able to <u>make new friends</u>?</b>	All of the time	1	
		Most of the time	2	
		Some of the time	3	
		Never	4	
		Don’t know/can’t remember	89	
3.09	<b>In the last 6 months, how often have [name]’s <u>living conditions been as good</u> as for the rest of the household?</b>	All of the time	1	
		Most of the time	2	
		Some of the time	3	
		Never	4	
		Don’t know/can’t remember	89	

### Section 4 – Access to the Community

***(Read out the following statement)*** The next set of questions asks about your access to different services **in the last 6 months**. Please indicate how often you have had access to services as much as you needed and barriers for accessing services.

In the last 6 months, to what extent has [name] been ..... as much as he/she needed?	4.01 Access health services	4.02 Independently access safe drinking water	4.03 Independently use toilet facilities at home	4.04 Independently use toilet facilities at school
As much as I needed	1 (Go to 4.02)	1 (Go to 4.03)	1 (Go to 4.04)	1 (Go to 4.05)
Most times	2	2	2	2
Sometimes	3	3	3	3
Not at all	4	4	4	4
Have not needed to access .....services	5 (Go to 4.02)	5 (Go to 4.03)	5 (Go to 4.04)	5 (Go to 4.05)
<b>What are the reasons / difficulties for not being able to access [above service] as much as [name] needed? (DO NOT prompt/DO NOT read out answers - Circle all applicable options)</b>	<b>4.01a</b>	<b>4.02a</b>	<b>4.03a</b>	<b>4.04a</b>
Lack of information	1	1	1	1
No services/facility	2	2	2	2
Physical accessibility	3	3	3	3
Negative attitudes towards you by services at the facility	4	4	4	4
Cost of service/facility	5	5	5	5
Difficulty getting to services/facility from home	6	6	6	6
Absence of personal assistance	7	7	7	7
Family did not want me to access services/facilities	8	8	8	8
Family has difficulty assisting me to access services/facility	9	9	9	9
No response/does not know	89 (Go to 4.02)	89 (Go to 4.03)	89 (Go to 4.04)	89 (Go to 4.05)
Other (please specify)	87	87	87	87
<b>Among the reasons you have listed, which one has limited [name's] services the most?</b>	<b>4.01b</b>	<b>4.02b</b>	<b>4.03b</b>	<b>4.04b</b>
<i>(Read out options selected in the above question and write one option)</i>				

In the last 6 months, to what extent has [name] been ..... as much as he/she needed?	4.05 Access school	4.06 Access rehabilitation services or early intervention services	4.07 Access assistive devices	4.08 Access Disabled Persons Organisations
As much as I needed	1 (Go to 4.06)	1 (Go to 4.07)	1 (Go to 4.08)	1 (Go to 4.09)
Most times	2	2	2	2
Sometimes	3	3	3	3
Not at all	4	4	4	4
Have not needed to access .....services	5 (Go to 4.06)	5 (Go to 4.07)	5 (Go to 4.08)	5 (Go to 4.09)
<b>What are the reasons / difficulties for not being able to access [above service] as much as [name] needed? (DO NOT prompt/DO NOT read out answers - Circle all applicable options)</b>	<b>4.05a</b>	<b>4.06a</b>	<b>4.07a</b>	<b>4.08a</b>
Lack of information	1	1	1	1
No services/facility	2	2	2	2
Physical accessibility	3	3	3	3
Negative attitudes towards you by services at the facility	4	4	4	4
Cost of service/facility	5	5	5	5
Difficulty getting to services/facility from home	6	6	6	6
Absence of personal assistance	7	7	7	7
Family did not want me to access services/facilities	8	8	8	8
Family has difficulty assisting me to access services/facility	9	9	9	9
No response/does not know	89 (Go to 4.06)	89 (Go to 4.07)	89 (Go to 4.08)	89 (Go to 4.09)
Other (please specify)	87	87	87	87
<b>Among the reasons you have listed, which one has limited [name's] services the most?</b>	<b>4.05b</b>	<b>4.06b</b>	<b>4.07b</b>	<b>4.08b</b>
<i>(Read out options selected in the above question and write one option)</i>				

<b>In the last 6 months, to what extent has [name] been ..... as much as he/she needed?</b>	<b>4.09 Participate in social activities</b>	<b>4.10 Participate in religious activities</b>	<b>4.11 Access Government social welfare services</b>	<b>4.12 Access information on disaster or emergency</b>	<b>4.13 Access transport</b>
As much as I needed	1 (Go to 4.10)	1 (Go to 4.11)	1 (Go to 4.12)	1 (Go to 4.13)	1 (End)
Most times	2	2	2	2	2
Sometimes	3	3	3	3	3
Not at all	4	4	4	4	4
Have not needed to access .....services	5 (Go to 4.10)	5 (Go to 4.11)	5 (Go to 4.12)	5 (Go to 4.13)	5 (End)
<b>What are the reasons / difficulties for not being able to access [above service] as much as you needed? (DO NOT prompt/DO NOT read out answers - Circle all applicable options)</b>	<b>4.09a</b>	<b>4.10a</b>	<b>4.11a</b>	<b>4.12a</b>	<b>4.13a</b>
Lack of information	1	1	1	1	1
No services/facility	2	2	2	2	2
Physical accessibility	3	3	3	3	3
Negative attitudes towards you by services at the facility	4	4	4	4	4
Cost of service/facility	5	5	5	5	5
Difficulty getting to services/facility from home	6	6	6	6	6
Absence of personal assistance	7	7	7	7	7
Family did not want me to access services/facilities	8	8	8	8	8
Family has difficulty assisting me to access services/facility	9	9	9	9	9
No response/does not know	89 (Go to 4.10)	89 (Go to 4.11)	89 (Go to 4.12)	89 (Go to 4.13)	89 (End)
Other (please specify)	87	87	87	87	87
<b>Among the reasons you have listed, which one has limited your services the most?</b>	<b>4.09b</b>	<b>4.10b</b>	<b>4.11b</b>	<b>4.12b</b>	<b>4.13b</b>
<i>(Read out options selected in the above question and write one option)</i>					

**End of the questionnaire**

**Thank you!**

**NOTE: Consider whether a referral is appropriate and describe on page 1 of this questionnaire what referral information or action was provided.**

Time of completion: \_\_\_\_\_

Enumerator initials: \_\_\_\_\_

Supervisor initials: \_\_\_\_\_