

**NATIONAL COORDINATING AGENCY FOR POPULATION AND DEVELOPMENT
KENYA NATIONAL SURVEY FOR PERSONS WITH DISABILITIES
INDIVIDUAL QUESTIONNAIRE (ALL PERSONS WITH DISABILITY)**

PROVINCE..... DISTRICT..... CLUSTER HOUSEHOLD NUMBER..... RESIDENCE: RURAL/URBAN NAME AND LINE NUMBER OF RESPONDENT..... NAME AND LINE NUMBER OF HOUSEHOLD HEAD.....									
INTERVIEWERS' VISITS									
	1	2	3	FINAL VISIT					
DATE	-----	-----	-----	DAY					
INTERVIEWER	-----	-----	-----	MONTH					
RESULT	-----	-----	-----	YEAR					
NEXT VISIT	-----	-----		RESULT					
RESULT CODES 1=COMPLETED 2=NOT AT HOME 3=REFUSED 4=INCOMPLETE 5=DWELLING DESTROYED 6=INCAPACITATED				ELIGIBILITY 1=HEARING IMPAIREMENT 2=SPEECH IMPAIREMENT 3=VISUAL IMPAIREMENT 4=MENTAL DISABILITY 5=PHYSICAL HANDICAP 6=SELF CARE DIFFICULTIES 7=OTHER (SPECIFY).....				DISABILITY CODE 	
LANGUAGE OF QUESTIONNAIRE - ENGLISH LANGUAGE USED IN INTERVIEW RESPONDENT'S LOCAL LANGUAGE TRANSLATOR USED: 01=NO; 02=SOMETIMES; 03=ALL THE TIME									
LANGUAGE CODES: 01=KALENJINI 07=MERU/EMB 02=KAMBA 08=MIJIKENDA 03=KIKUYU 09=KISWAHILI 04=KISII 10=SOMALI 05=LUHYA 11=MAASAI 06=LUO 12=ENGLISH				13=OTHER					
NAME	SUPERVISOR.....	EDITOR.....		DATA CLERK					
1=NAIROBI 2=CENTRAL		3=COAST 4=EASTERN		5=NORTH EASTERN 6=NYANZA		7=RIFT VALLEY 8=WESTERN			

ACTIVITY LIMITATIONS: How difficult is it for you to perform this activity without any kind of assistance at all? (That is, without the use of any assistive devices – either technical or personal). PARTICIPATION RESTRICTIONS: How difficult is it for you to perform this activity in your current environment? (*Current environment refers to the surroundings in which you live, work, and play etc for the majority of your time).	Activity limitation score (A measure of Capacity) 0 no difficulty 1 mild difficulty 2 moderate difficulty 3 severe difficulty 4 unable to carry out the activity 8 not applicable 9 not specified (level not known)	Participation restriction (A measure of Performance in current environment) 0 no problem 1 mild problem 2 moderate problem 3 severe problem 4 complete problem (unable to perform) 8 not applicable 9 not specified (level not known)
1a. SENSORY EXPERIENCES		
a. watching/looking/seeing		
b. listening/hearing		
1b. BASIC LEARNING & APPLYING KNOWLEDGE		
a. learning to read/write/count/calculate		
b. acquiring skills (manipulating tools, painting, carving etc.)		
c. thinking/concentrating		
d. reading/writing/counting/calculating		
e. solving problems		
2. COMMUNICATION		
a. understanding others (spoken, written or sign language)		
b. producing messages (spoken, written or sign language)		
c. communicating directly with others		
d. communicating using devices (phone/typewriter/computer/SMS)		
3. MOBILITY		
a. staying in one body position		
b. changing a body position (sitting/standing/bending/lying)		
c. transferring oneself (moving from one surface to another)		
d. lifting/carrying/moving/handling objects		
e. fine hand use (picking up/grasping/manipulating/releasing)		
f. hand & arm use (pulling/pushing/reaching/throwing/catching)		
g. walking		
h. moving around (crawling/climbing/running/jumping)		
i. using transportation to move around as a passenger		
j. driving a vehicle (car/boat/bicycle/or riding an animal)		
4. SELF CARE		
a. washing oneself		
b. care of body parts, teeth, nails and hair		
c. toileting		
d. dressing and undressing		
e. eating and drinking		
5. DOMESTIC LIFE		
a. shopping (getting goods and services)		
b. preparing meals (cooking)		
c. doing housework (washing/cleaning)		
d. taking care of personal objects (mending/repairing)		

e. taking care of others		
6. INTERPERSONAL BEHAVIOURS		
a. making friends and maintaining friendships		
b. interacting with persons in authority (officials, village chiefs)		
c. interacting with strangers		
d. creating and maintaining family relationships		
e. making and maintaining intimate relationships		
7. MAJOR LIFE AREAS		
a. going to school and studying (education)		
b. getting and keeping a job (work & employment)		
c. handling income and payments (economic life)		
8. COMMUNITY, SOCIAL AND CIVIC LIFE		
a. clubs/organisations (community life)		
b. recreation/leisure (sports/play/crafts/hobbies/arts/culture)		
c. religious/spiritual activities		
d. political life and citizenship		

Inventory of Environmental Factors

Being an active, productive member of society includes participating in such things as working, going to school, taking care of your home, and being involved with family and friends in social, recreational and civic activities in the community. Many factors can help or improve a person's participation in these activities while other factors can act as barriers and limit participation.

First, please tell me how often each of the following has been a barrier to your own participation in the activities that matter to you. Think about the past year, and tell me whether each item on the list below has been a problem **daily, weekly, monthly, less than monthly, or never**. If the item occurs, then answer the question as to how big a problem the item is with regard to your participation in the activities that matter to you.

(Note: if a question asks specifically about **school or work** and you neither work nor attend school, check not applicable)

	1. always	2. often	3. seasonal	4. seldom	5. never	8. NA	9. Not spec.	2. big problem	1. little problem
1a. In the past 12 months, How often has the availability/accessibility of transportation been a problem for you?									
1b. When this problem occurs has it been a big problem or a little problem?									
2a. In the past 12 months, How often has the natural environment – (temperature, terrain, climate) – made it difficult to do what you want or need to do?									
2b. When this problem occurs has it been a big problem or a little problem?									
3a. In the past 12 months, how often have other aspects of your surroundings – lighting, noise, crowds, etc – made it difficult to do what you want or need to do?									
3b. When this problem occurs has it been a big problem or a little problem?									
4a. In the past 12 months, how often has the information you wanted or needed not been available									

	1. always	2. often	3. seasonal	4. seldom	5. never	8. NA	9. Not spec.	2. big problem	1. little problem
in a format you can use or understand?									
4b. When this problem occurs has it been a big problem or a little problem?									
5a. In the past 12 months, how often has the availability of health care services and medical care been a problem for you?									
5b. When this problem occurs has it been a big problem or a little problem?									
6a. In the past 12 months, how often did you need someone else's help in your home and could not get it easily?									
6b. When this problem occurs has it been a big problem or a little problem?									
7a. In the past 12 months, how often did you need someone else's help at school or work and could not get it easily?									
7b. When this problem occurs has it been a big problem or a little problem?									
8a. In the past 12 months, how often have other people's attitudes toward you been a problem at home?									
8b. When this problem occurs has it been a big problem or a little problem?									
9a. In the past 12 months, how often have other people's attitudes toward you been a problem at school or work?									
9b. When this problem occurs has it been a big problem or a little problem?									
10a. In the past 12 months, how often did you experience prejudice or discrimination?									
When this problem occurs has it been a big problem or a little problem?									
11a. In the past 12 months, how often did the policies and rules of businesses and organizations make problems for you?									
11b. When this problem occurs has it been a big problem or a little problem?									
12a. In the past 12 months, how often did government programs and policies make it difficult to do what you want or need to do?									
12b. When this problem occurs has it been a big problem or a little problem?									

SECTION 2

NOW LET'S TALK ABOUT YOUR SITUATION.

INSTRUCTION: ASK BOTH DIRECT & PROXY RESPONDENTS

2.1 Please describe your disability as it is without the use of assistive devices or any person helping you.
(Write down what respondent says in their own words.)

2.2 What caused your disability?
[Write down what respondent says in their own words.]

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2.3 How old were you when it started?
[Write down what respondent says in their own words.]

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2.4 If you were disabled as a child, who was responsible for your upbringing?
[Write down what respondent says in their own words.]

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2.5 If you were disabled as a child, where were you brought up?
[Write down what respondent says in their own words.]

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

	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. Land clashes / disputes	1	2
f. Other (specify).....		
If No to all of the above: Go to 2.8		

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

Yes	1
No	2
Don't know	8

2.8 Have you ever experienced violence because of your disability?

Yes	1
No	2
Don't know	8

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

Yes	1
No	2
Don't know	8

SECTION 3

SUPPORT SERVICES

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

3.1 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	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, visual impairment rehabilitation etc)			
b. Assistive and supportive devices or service (e.g. Sign language interpreter, orthopaedic appliances, ambulatory aids, hearing/visual aids, carer or assistant, social services, Braille etc.)			
c. Educational services (e.g. remedial therapist, special school, early childhood stimulation, regular schooling, inclusive education set up etc.)			
d. Vocational training (e.g. skills training and employment etc)			
e. Counselling for person with disability (e.g. psychologist, psychiatrist, social worker, school counsellor, from therapists etc)			
f. Counselling for parent/ guardian/ family			
g. Welfare services (e.g. social worker, disability grant, etc)			
h. Health services (e.g. at a primary health care clinic, hospital, home health care services etc.)			
i. Traditional healer			
k. 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 you have received. If you are no longer getting the service, why did you stop? [Read out and Circle ALL that apply]

	Reason stopped Code 1-8	Coding
a. Medical rehabilitation		1. It was too expensive
b. Assistive devices service		2. It was too far or you had no transport
c. Educational services		3. It was not helping you anymore
d. Vocational training		4. I reached the level of functioning I set as goal?
e. Counselling for person with disability		5. The services were no longer available
f. Counselling for parent/family		6. I was not satisfied with services
g. Welfare services		7. There was a communication/language barrier
h. Health services		8. Other (specify).....
i. Traditional healer		
k. faith healer		

SECTION 4

EDUCATION

CHECK PAGE 1 – AGE OF PERSON WITH DISABILITY – AND ASK ONLY PEOPLE WHO ARE 18 YEARS OR OLDER.

4.1 Are you 18 years or older?

Respondent above 18 Yrs	1	[go to 4.2]
Respondent below 18 Yrs	2	[go to 4.4]

4.2 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]

4.3 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

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4.4 If YES, where: _____

CHECK PAGE 9 (QUESTION 2.3) AND ASK ONLY PEOPLE WHO WERE DISABLED BEFORE 18 YEARS OF AGE (AGE 17 YEARS OR YOUNGER).

IF PERSON WAS DISABLED AFTER 18 YEARS OF AGE (18 YEARS OR OLDER), SKIP THIS PART AND GO TO SECTION (5)

4.5 Were you disabled before 18 years of age?

Yes	1	
No	2	[go to Section 5]

4.6 What type of school does 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 or N/A
a. Pre-school/early childhood development services	1	2	3	4
b. Primary school	1	2	3	4
c. Secondary school	1	2	3	4
d. Tertiary education	1	2	3	4
e. Vocational training	1	2	3	4

4.7 Have you ever been refused entry into a school or pre-school because of your disability? [Circle only **one** answer for each line]

	Yes	No	Not applicable
a. Regular pre-school	1	2	3
b. Regular primary school	1	2	3
c. Regular secondary school	1	2	3
d. Special school (any level)	1	2	3
e. Special class (remedial)	1	2	3

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

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

4.9 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

[ASK ONLY RESPONDENTS WHO ARE NO LONGER STUDYING]

4.10 Has your level of education helped you find any work or engage in some form of socio-economic activity?

[Do not read out; Circle only **one** answer]

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

SECTION 5

EMPLOYMENT AND INCOME

**ASK ALL PERSONS WITH DISABILITIES 15 YEARS OF AGE OR OLDER: INFORMATION MUST BE ABOUT THE PERSON WITH DISABILITY WHO IS 15 YEARS AND OLDER.
IF YOUNGER THAN 15 YEARS GO TO SECTION (6)**

INTERVIEWER CHECKS THE AGE OF THE RESPONDENT. IS THE RESPONDENT 15 YEARS OR OLDER?

Yes	1	
No	2	[go to Section 6]

5.1 What were you mainly doing in the past seven days (Circle only one answer).

Worked for pay	01 → 5.6
Worked on own family business / agricultural holding	02 → 5.6
Did not work but was employed previously	03 → 5.5
Did not work	04
No, never been employed	05 → 5.7
Homemaker	06 → 5.7
Other specify	07

5.2 Even though you did not do any income earning activities in the last seven days, do you have a job, a business, other economic or farming activity to return to?

Yes = 1 No = 2

5.3 In the passed 12 months were you employed for a wage salary, commission or any payment in kind?

Yes = 1 No = 2 [IF YES, SKIP TO 5.6]

5.4 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

5.5 Describe your employed occupation in the last seven days. If you did not work during the last seven days but worked in the last 12 months, describe your main occupation.

.....

(Record response in respondents own words - KNOCKS codes to be used for coding of the occupation)

5.6 Are you currently receiving any form of social security, a disability grant or any other form of financial support?

Yes	1	
No	2	[go to Section 6]
Don't know	8	[go to Section 6]

5.7 What type of grant or financial support is it?

[Do not read out; circle **all** that apply. Enter amount per month **OR** lump sum, then go to 5.7]

Type of grant or pension	Code (1)	Amount per month (2)	Lump sum (3)
a. Disability grant	1		
b. Social Security	2		
c. Workman's Compensation	3		
d. Private insurance/pension	4		
e. Old age pension	5		
f. Other (specify) _____	6		
g. Don't know	8		

5.8

What are the TWO MAIN

THINGS that the money from your disability grant or financial support is spent on? [Do not read out; circle only **TWO** answers]

Item	Choice
a. Household necessities i.e. food, groceries etc.	01
b. Clothing	02
c. Rent/accommodation	03
d. Recreation/entertainment	04
e. Transport	05
f. Education	06
g. Water and electricity	07
h. Rehabilitation and health care services	08
i. Assistive devices	09
j. Personal assistant/carer (care for self)	10
k. Other (specify) _____	11
l. Don't know	98

5.9 Are you the one who mainly decides how to spend your disability grant or pension?

Yes	1	➡ Section 6
No	2	
Don't know	8	

5..10 If no who does?

Guardian	
Spouse	
Welfare officer	
Other specify	

PART 3

IMMEDIATE SURROUNDING

SECTION 6

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 DISABILITY.

6.1 Let's look at your home first. Are the rooms and toilet accessible? By accessible we mean that you can get there 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
f. bathroom	1	2	3

6.2 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* N/A	None available
a. The place where you work	1	2	3	4
b. The school you attend	1	2	3	4
c. The shops that you go to most often	1	2	3	4
d. Place of worship	1	2	3	4
e. Recreational facilities (e.g. cinema, theatre, pubs, etc) – think of the last three months	1	2	3	4
f. Sports facilities	1	2	3	4
g. Police station	1	2	3	4
h. Magistrates office/Traditional courts	1	2	3	4
i. Post office	1	2	3	4
j. Bank	1	2	3	4
k. Hospital	1	2	3	4
l. Primary Health Care Clinic	1	2	3	4
m. Public transportation (bus, taxi, train)	1	2	3	4
n. Hotels	1	2	3	4
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).**

SECTION 7

ASSISTIVE / SUPPORTIVE 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 DISABILITY

7.1 Do you use any medication or traditional medicine for pain that is caused by your disability?

Yes	1
No	2 ➡ 7.2

7.1.1 If YES, what type of medication or traditional medicine?

7.2 Do you use an assistive/ supportive device? [For examples, see 7.3 below]

Yes	1	
No	2	[go to Section 8]

7.3 Please specify which assistive devices you use.

[Read out; Circle **one** answer for each row]

Device	Device category	Examples:	Yes	No	Not applicable (don't need it)
1	Information	eye glasses, hearing aids, magnifying glass, telescopic lenses/glasses, enlarge print, Braille	1	2	3
2	Communication	sign language interpreter, fax, portable writer, computer	1	2	3
3	Personal mobility	wheelchairs, crutches, walking sticks, white cane, guide, standing frame	1	2	3
4	Household items	Flashing light on doorbell, amplified telephone, vibrating alarm clock	1	2	3
5	Personal care & protection	special fasteners, bath & shower seats, toilet seat raiser, commode chairs, safety rails, eating aids	1	2	3
6	For handling products & goods	gripping tongs, aids for opening containers, tools for gardening	1	2	3
7	Computer assistive technology	keyboard for the blind	1	2	3
8	Other	specify:	1	2	3

7.4 Is the assistive device(s) mentioned above in good working condition/order?

[If more than one device in one category, choose **most important** device - List device by **name**]

Name of Device:	Good working condition?
a.	
b.	
c.	

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

7.5 Where did you get the assistive device(s)?

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

[If more than one device in one category, choose **most important** device - List device by **name**]

Name of Device:	Where did you get the device?*	Year when acquired	Can you give an estimate of the cost of the device?	*CODING
a.				1 = Private
b.				2 = Government health service
c.				3 = Other government service (not health)
				4 = NGO
				5 = Other (specify)
				8 = Don't know

7.6 Who, if any, maintains or repairs your assistive/ supportive device(s)?

[Do not read out: record only **one** answer for each line]

[If more than one device in one category, choose **most important** device - List device by **name**]

Name of Device:	Maintenance /Repair
a.	
b.	
c.	

CODING
1 = Self
2 = Government
3 = Family
4 = Employer
5 = NGO
6 = Other (specify)
7 = Not maintained
8 = Cannot afford to maintain or repair it
9 = Don't know

7.7 Were you given any information or help on how to use your device(s)?

Name of Device:	Information or help		CODING
a.			1 = Complete/full information
b.			2 = Some information
c.			3 = No information
			9 = Don't know/ Can't remember

SECTION 8

ATTITUDES TOWARDS THE DISABILITY

How you feel and what you think about being a person with a disability. 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 DISABILITY.

8.1 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

8.2 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 , 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 your own traditional practices (e.g. initiation ceremonies)	1	2	3	4	8
h. Are you aware of Organisations for people with disabilities (DPO)?	1	2		4	8
i. Are you a member of a DPO?	1	2		4	8

- **ONLY ASK RESPONDENTS WITH DISABILITIES WHO ARE 15 YEARS OF AGE OR OLDER AND REPORTING FOR THEMSELVES.**
- **IF THE RESPONDENT IS A PROXY REPORTER FOR A PERSON WITH DISABILITY 15 YEARS OR OLDER, THEN ASK THEM TO ANSWER ABOUT THE PERSON WITH DISABILITY.**
- **IF PERSON WITH DISABILITY IS YOUNGER THAN 15 YEARS THEN GO TO SECTION 9**

Circle one answer	YES	NO
Is the person with disability 12 years of age or older? (Do not ask- check the age in the first page of the questionnaire)	1	2
	[go to 8.3]	[go to section 9]

8.3 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

8.4 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 a disability?

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

8.6 Do you have children?

Yes	1]
No	2	[go to 9]

8.6.1 If Yes, how many?

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Children

8.7 Who MAINLY takes care or helps you take care of your children?

[Do not read out; circle only **one** answer]

I take care of them myself	1
My spouse/partner	2
My parent	3
A family member (brother, sister, cousin, aunt, etc.)	4
A friend	5
Person(respondent / family) with disability pays someone	6
Children are old enough and take care of themselves	7
Other (specify) _____	8

SECTION 9

Health and general well-being

9.1 *Thinking about the important negative life events listed below, please indicate the number of times you, a close family member or a close friend has experienced each of these during the past 6 months. NB THIS REFERS TO THE NUMBER OF EVENTS, NOT THE DURATION. (Enter 0 if NONE).*

NEGATIVE LIFE EVENT	# of times during last 6 months
death	
injury	
illness	
loss of employment	
displacement	
separation	
divorce	
theft/robbery	
accusation of witchcraft	
conviction for a crime/imprisonment	
Other (specify) _____	

9.2 *Thinking about the important positive life events listed below, please indicate the number of times you, a close family member or a close friend has experienced each of these during the past 6 months. (Enter 0 if NONE).*

POSITIVE LIFE EVENT	# of times during last 6 months
a birth	
marriage	
employment	
other financial gain	
athletic/scholarships/political achievements	
initiation ceremonies	
Other (specify) _____	

9.3 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

9.4 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

9.5 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 nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ...felt calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 ...felt down-hearted and nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ...been happy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.6 Health information.

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

	Do you know about this condition?	Do you have access to information about this condition?	Do you know how to prevent this condition?	Have you ever been tested for this condition	Coding
HIV-AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 = Yes
Malaria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 = No
TB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 = Don't know

9.7 EQ-5D Health Questionnaire

By placing a tick in one box in each group below, please indicate which statements best describe your own state of health TODAY.

1 Mobility

- I have no problems in walking about ☐
- I have some problems in walking about ☐
- I am confined to bed ☐

2 Self-Care

- I have no problems with self-care ☐
- I have some problems washing or dressing myself ☐
- I am unable to wash or dress myself ☐

3 Usual Activities (e.g. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities ☐
- I have some problems with performing my usual activities ☐
- I am unable to perform my usual activities ☐

4 Pain/Discomfort

- I have no pain or discomfort ☐
- I have moderate pain or discomfort ☐
- I have extreme pain or discomfort ☐

5 Anxiety/Depression

- I am not anxious or depressed ☐
- I am moderately anxious or depressed ☐
- I am extremely anxious or depressed ☐

6 Compared with my general level of health over the past 12 months, my state of health today is:

- Better ☐ PLEASE TICK
- Much the same ☐ ONE
- Worse ☐ BOX

7 To help people say how good or bad their state of health is, we have drawn a scale on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale, in your opinion, how good or bad your own health is today. Please do this by placing an X on the scale to the right



Best imaginable
state of health

100

90

80

70

60

50

40

30

20

10

0

Worst imaginable
state of health