



[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>	