

SURVEY CODE

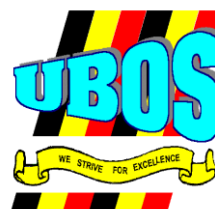
Batch Number



THE REPUBLIC OF UGANDA

MINISTRY OF GENDER LABOUR AND SOCIAL DEVELOPMENT

DATA COLLECTION TOOL ON DISABILITY



SECTION A:

PART A. Identification particulars and eligibility

HA1	Region/ Sub Region			
HA2	District			
HA3	County/Municipality			
HA4	Sub County/Division			
HA5	Parish/Ward			
HA6	L C 1			
HA7	Name of Head Household			
	Household Number			

Interview control section

1.	Date (DD/MM/YY) ___/___/___	Start time (HH:MM) __:__:__ Hours	End time (HH:MM) __:__:__ hours	3. Interview results:	
				1=Completed (fully responding household)	<input type="text"/>
				2=Partly completed	
				3=Non-contact	
				4=Refused	
				5=Temporarily absent, inadequate informant	
				6=Vacant, demolished dwelling, change of status	
				7=Listing error	
				8=Other reasons:	

2. Main language of interviews:

[English]

[Other]

[other]

Field staff

Interviewer's Comments (if any problems encountered):

Supervisor's Comments:

	4. Interviewer	5. Field supervisor	6. Data coding officer	7. Data entry officer
Name:	_____	_____	_____	_____
Signature:	_____	_____	_____	_____
Date:	___/___/___	___/___/___	___/___/___	___/___/___

PART B: HOUSEHOLD SCHEDULE:

Complete list of household members (Usual and regular residents)

	Names	ID of person reporting	Sex	Relationship	Age	Date of Birth	Level of Education		Marital status (For those aged 18 years and above)
							Did [Name] attend school, left school or never been to school	What is the highest grade/class of formal education that [Name] completed?	
P E R S O N I D	A. What is the name of the head of this household? <i>(This is usually the person who is the main decision maker, who manages the income/expenses of the household, or who owns or rents the house.)</i>	Which household member is providing data on the individual? (Write serial number from HB0 or 99 in case a person responding is not a HH or a PWD.)	What is [NAME'S] sex? 1=Male 2=Female	What is [NAME'S] relationship to the head of household??	What is [NAME'S] age in completed years? IF LESS THAN ONE WRITE 0	What is [Name] exact date of Birth?	Did [Name] attend school, left school or never been to school	What is the highest grade/class of formal education that [Name] completed? (Refer to Code List HB8)	What is [NAME'S] marital status? (Refer to Code List HB9)
	B. What are the names of the other members of this household?								
HB0	HB1	HB2	HB3	HB4	HB5	HB6	HB7	HB8	HB9
01									
02									
03									
04									
05									

SECTION B: INFORMATION ABOUT THE DISABILITY

	Name of household member												Sk ip Pa tte
	Serial number of HH member (ID)												
	Age of household member												
B1	Which Household member is providing data on the Individual (<i>Write Serial number from Roster</i>)												
B2	<p>Type of Disability/ impairment</p> <p>1. Does (NAME) have difficulty in hearing even when using a hearing aid</p> <p>2. Does (NAME) have difficulty in walking and climbing stairs</p> <p>3. Does (NAME) have difficulty in remembering and concentrating</p> <p>4. Does (NAME) have difficulty in seeing even when is wearing glasses</p> <p>5. Does (NAME) have difficulty with Self Care</p> <p>6. Does (NAME) have difficulty communicating in your Usual Language</p>	<p>Use these codes</p> <p>1= No Difficulty</p> <p>2=Some Difficulty</p> <p>3=A lot of Difficulty</p> <p>4=Cannot do at all</p>	Hearing 1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
	<p>Check B2 : if (NAME) has any difficulty i.e. any two responses with “some difficulty”, at least one response with “a lot of difficulty” or any one question with “a lot of difficulty”. THIS IS A SCREENING QUESTION FOR PWDS</p>												
B3	<p>What are the types of difficulties you face? Up to two most serious difficulties.</p> <p>1. Limited use of legs, feet</p> <p>2. No leg(s), feet</p> <p>3. Limited use of arm(s), hand(s)</p> <p>4. No Arm(s), Hand(s)</p> <p>5. Facial Mutilation(nose,Lips,ears)</p> <p>6. Serious problem with back spline</p> <p>7. Hearing Difficulty</p> <p>8. Deafness</p> <p>9. Serious speech impediment</p> <p>10. Unable to speak</p> <p>11. Poor Vision</p> <p>12. Blindness</p> <p>13. Mental Retardation</p> <p>14. Mental illness</p> <p>15. Frequent Night mares</p> <p>16. Feeling of helplessness</p> <p>17. Epilepsy, fits</p> <p>18. Chronical joint diseases</p> <p>19. Leprosy</p> <p>20. Loss of feeling</p> <p>21. Not Applicable</p>	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd

B4	Causes of disability 1. Congenital (from birth) 2. Illness/disease 3. Land Mine/UXO 4. Road accident 5. Trauma/Injuries 6. Wars and Civil strife 7. Unknown 8. Other(Specify)	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	> > B 6
B5	In which year did you get the Disability?											
B6	Where did it take place? (Village, Parish, County, Sub County, District)											
B7	What were you doing at the time you got the disability? 1. Collecting food/water 2. Travelling 3. Tending animals 4. Tampering 5. Military 6. Playing/recreation 7. Passing/standing by 8. Demining 9. Hunting /fishing 10. Household work 11. Farming 12. Unknown 13. Other (specify)	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11 12 13			
B8	What challenges have occurred since you acquired the disability											

SECTION C: TYPE OF INJURY CAUSED

	Name of household member							Skip Pattern
	Serial number of HH member (ID)							
	Age of household member							
C1	Eyes:							
C1a	Blind 1=Left 2=Right 3=Both	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3		
C1b	Missing Eye 1=Left 2=Right 3=Both	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3		
C1c	Other visual impairment 1=Left 2=Right 3=Both	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3		
C2	Ears							
C2a	Deaf 1=Left 2=Right 3=Both	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3		
C2b	Other hearing impairment 1=Left 2=Right 3=Both	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3		
C3	Hands/Arms (What is Injured?)							
C3a	Fingers/Hands 1=Left 2=Right 3=Both	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3		

C3b	Arm below elbow						
	1=Left	1	1	1	1	1	
	2=Right	2	2	2	2	2	
	3=Both	3	3	3	3	3	

C3c	Arm above elbow 1=Left 2=Right 3=Both	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
C4	Level of amputation						
C4a	Fingers 1=Left 2=Right 3=Both	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
C4b	Hand 1=Left 2=Right 3=Both	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
C4c	Below elbow 1=Left 2=Right 3=Both	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
C4d	Above elbow 1=Left 2=Right 3=Both	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
C4e	Stump wound 1=Left 2=Right 3=Both	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
C4d	Other Stump complication 1=Left 2=Right 3=Both	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
C5	Legs/Injured 1=Left 2=Right 3=Both	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
C5a	Foot/Toes 1=Left 2=Right 3=Both	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	

C5b	Leg below knee 1=Left 2=Right 3=Both	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
C5c	Leg above knee 1=Left 2=Right 3=Both	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
C6	Level of amputation/Leg						
C6a	Toes 1=Left 2=Right 3=Both	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
C6b	Foot 1=Left 2=Right 3=Both	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
C6c	Leg below knee 1=Left 2=Right	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
C6d	Leg above knee 1=Left 2=Right 3=Both	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
C6e	Stump wound 1=Left 2=Right 3=Both	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
C6f	Other stump complication 1=Left 2=Right 3=Both	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
C7	paralysis 1=Left 2=Right 3=Both	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
C8	spinal injury						

SECTION D: FUNCTIONAL AND MEDICAL REHABILITATION

	Name of household member						Skip Pattern
	Serial number of HH member (ID)						
	Age of household member						
D1	Do you need any functional/ medical rehabilitation? 1=Yes 2=No 8=Don't know	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	
D2	Are there any functional/medical rehabilitation facilities in your region? 1=Yes 2=No 8=Don't know	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	>>D4 >>D4
D3	If yes, name the facility?						
D4	How far is it from your place of residence to the nearest rehabilitation facility?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
D5	What difficulties do you face in accessing the facility/service? (multiple answers) use alpha numeric codes in capital A, B C D 1=Transport 2=Accessibility 3=Communication (<i>illustrate</i>) 4=Negative attitude 5=Stigma 6=Long waiting	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	
D6	Have you ever received any functional/ medical rehabilitation 1=Yes 2=No 8=Don't know	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	>>D8 >>D8
	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> 1. Hearing 2. Walking 3. Remembering 4. Seeing 5. Self-care 6. Communicating </div>						
D7	What services/device have you received? (Give a brief description)						

D9	TYPE OF THE ASSISTIVE DEVICE 1=Artificial Limb 2=Brace 3=Crutches 4=Wheel chair 5=Tricycle 6=White cane 7=Hearing Aid device 8=Walking Frame 9=Urinary gadgets 10=Others (specify)	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9	
D10	What is the condition of the Device(s)? 1=Excellent 2=Good 3=Fair 4=Bad 5=Very Bad	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
D11	How easy is the device replaced in case of damage? 1=Very easy 2=Easy 3=Difficult 4=Very Difficulty	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
D13	How often do you use your assistive device(s)? 1=Daily 2=Sometimes 3=Never	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
D8	Do you agree with the following statement? Functional/ medical rehabilitation device/service received has improved your life 1=Strongly agree 2=Agree 3=Disagree 4=Strongly Disagree	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
D14	What kind of health facilities are in your area? 1=Referral Hospital 2=District Hospital 3=Health Centre IV 4=Health center III 5=Health center II 6=Private Medical Facility 7=Pharmacy 8=Drug shops 9=Others(specify)	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	

D15	How do you get to the closest available health care facility (2 answers possible) 1=By foot 2=By motorized vehicle 3=by Bicycle 4=Motorcycle 5=Other (specify)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5		
D16	What is the distance in kilometers to the closest available health care facility?							
D17	During the past one year, how many times have you used the health facilities in relation to your Disability? (specify number of times)							
D18	What Difficulties do you face in accessing the health facilities? (Refer to the options in D18a,b and c)							
D18a	Financial Difficulties 1=I was refused because I had no money 2=I had a difficulty to get the food for myself during stay 3=I did not have money for medication 4=I had to go into debt	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4		
D18b	Transport access difficulties: 1=There was no available transportation/it's very far 2=I had difficulty to find the money for transportation 3=I had difficulty to find someone to go with me 4=I did not go because I felt that it was a waste of time	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4		
D18c	Difficulties at Hospital: 1=There was no available medication 2=There was no doctor to take care of me 3=I was refused because I am disable 4=Attitude of medical staff was very negative 5=The building/Rooms/Equipment are not accessible for me 6=No difficulty 7=Other (Specify)	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7		
D18d	Social difficulties 1=Lack social support at home 2=Spouse refused me to go to hospital 3=Negative attitude 4=Others specify	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4		
D19a	Do you need medical/surgical treatment related to disability? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>D20a	

D19b	If yes, what type of treatment? 1=Eye 2=Ear, Nose & Throat 3=Corrective Surgery 4=Shrapnel removal 5=Wound treatment 6=Continuing medical care 7=Physiotherapy 8=Speech therapy 9=Others (Specify)	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	
D20a	Do you have any pain related to disability? 1=Yes but occasional 2=Yes but mild 3=No pain at all	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	>>E1
D20b	If yes, describe the location of the pain						
D20d	Does the pain affect your ability (In put the code from the table below) To use the device yes =1 No =2 To sleep yes =1 No =2 To work yes =1 No =2 To Feed yes =1 No =2						

SECTION E: PSYCHO-SOCIAL SITUATION

	Name of household member						Skip Pattern
	Serial number of HH member (ID)						
	Age of household member						
E1	Do you have any of the following behavioural challenges due to your disability Excessive worry or anxiety Difficulty sleeping/nightmares Excessive violence (e.g. Domestic violence) Mania Depression Low self-esteem/ dependency Alcoholism Other forms of strange behaviour None						
E2a	Have you ever attended a counseling session? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>D3a
E2b	If yes, from whom did you access the counseling services. 1= peer to peer 2=Faith based organization 3=Professional counselor 4=Community volunteer counselor 5=Family 6=Others (specify)	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6	
E3a	Did you take part in any ceremony during the past year: 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>D4
E3b	If No, Why? 1=I was not invited 2=I am too ashamed to participate 3=There was no transport 4=I was not interested 5=I had no assistive device 6=I had difficulty to access the venue 7=Nobody would take me 8=other, specify	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	

E4	How is the PWDs' attitude towards him/herself and his/her disability? 1=Excellent 2=Good 3=Fair 4=Bad 5=Very Bad	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
E5	If not good, Why?						
E6	How is the family's attitude towards the PWD? 1=Excellent 2=Good 3=Fair 4=Bad 5=Very Bad	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
E7	What is the attitude of others in the community towards the PWD? 1=Excellent 2=Good 3=Fair 4=Bad 5=Very Bad	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
E8	Have you received any information on HIV and AIDS? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	
E8	If yes, what information did you receive?						

SECTION F: EDUCATION (FOR CWDs)

	Name of household member						Skip Pattern
	Serial number of HH member (ID)						
	Age of household member						
F1a	Does the child with disability go to school? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>F2a
F2	Type of Education: 1=Inclusive/Mainstream 2=Special school 3=Integrated unit	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	
F2a	If No, what are the reasons? 1=Distance 2=Classroom not accessible 3=Latrine not accessible 4=Lack of school fees 5=Bullying 6=Bad attitude by teachers 7=Lack appropriate scholastic materials 8= Parents negative attitudes 9=Other (specify)	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	

SECTION G: ECONOMIC SITUATION

	Name of household member						Skip Pattern
	Serial number of HH member (ID)						
	Age of household member						
G1	What is your major source of income?						
	1=Agriculture	1	1	1	1	1	
	2=Support from family	2	2	2	2	2	
	3=Support from organizations	3	3	3	3	3	
	4=Self-employment	4	4	4	4	4	
	5=Salary	5	5	5	5	5	
	6=Wage employment	6	6	6	6	6	
	7=Begging	7	7	7	7	7	
8=Others (specify)	8	8	8	8	8		
G2	How much do you earn per month (in shillings)?						
G3	What is your current occupation?						
G4a	Does the condition of disability affect your ability to work?						
	1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>G5a
G4b	If yes, what difficulty(ies)						
	1=Poor attitude of co-workers	1	1	1	1	1	
	2=Workplace not accessible	2	2	2	2	2	
	3=Lack of appropriate device	3	3	3	3	3	
	4=Difficulty to reach workplace	4	4	4	4	4	
	5=Discrimination by employer	5	5	5	5	5	
6=Other(specify)	6	6	6	6	6		
G5a	Are you aware of any Poverty Reduction Programme?						
	1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>G7
G5b	If yes, which ones are you aware of?						
	1=National Agriculture Advisory	1	1	1	1	1	
	2=Northern Uganda Social Action Fund	2	2	2	2	2	
	3=Community Driven Development 4=Special Grant for PWDs	3	3	3	3	3	
	5=Social Assistance Grant for Elderly	4	4	4	4	4	
	6=Community Based Rehabilitation	5	5	5	5	5	
	7=Other (specify)	6 7	6 7	6 7	6 7	6 7	

G5c	Which one have you benefited from? 1=National Agriculture Advisory 2=Northern Uganda Social Action Fund 3=Community Driven Development 4=Special Grant for PWDs 5=Social Assistance Grant for Elderly 6=Community Based Rehabilitation 7=Other (specify)	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	
G6a	Do you face any challenges in accessing the programmes? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	>>G7
G6b	What are the challenges?						
HOUSING, SANITATION AND LAND							
G7	Where do you stay? 1=Own House 2=With relatives 3=Rented 4=Homeless 5=Other(specify)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
G8	If the PWD has his/her own house, describe the condition of the house 1=Excellent (permanent house build with iron sheets, bricks and cemented) 2=Good (semi-permanent- iron sheets, mad wattle, smeared floor) 3=Fair (Grass thatched) 4=Poor (Grass thatched in poor condition) 5=Very Poor (shack)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
G9a	Does the household have access to a latrine? 1=Yes 2=No	1 2					
G10b	If yes, is the latrine accessible to PWD? 1=Yes 2=No	1 2					
G10c	If No, what adaptations are needed?						

G11	What type of assets do you own? 1=Land 2=House 3=Car 4=Motor cycle 5=Bicycle 6=Livestock 7=Farm implements 8=Other(specify)	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	
G12	In case you have land, what is the size of your land (In acres)? 1=Less than ¼ 2=1/2 acre 3=One acre 4=More than a acre	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
G13	How do you use land? 1=Farming 2=Live Stock rearing 3=Hire/Renting 4=Mining	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
G14a	Do you have any land dispute? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	
G15b	If yes, has it been addressed? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	
G15c	If No, Why?						
	WATER						
G16	What is the Source of drinking water? 1=Protected spring 2=Bore hole 3=Piped water 4=Lakes/Rivers/Dam 5=Rain water harvesting 6=Pond	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

G17	How far is the water source from your home? 1=Under 100m 2=100-500m 3=500-1000m 4=over 1 Km	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
G18	Is the water source accessible to you? 1=Very accessible 2=Accessible 3=Fairly accessible 4=Not accessible	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	

SECTION H: LAWS AND POLICIES

	Name of household member						Skip Pattern
	Serial number of HH member (ID)						
	Age of household member						
H1a	Are you aware of any international or national humanitarian law concerning disability? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	
H1b	If Yes, which one?						
H2a	Are you aware of the existence of District/Sub county councils for Disability? 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	
H2b	If Yes, What role have they played in your area?						
H2c	Do you enjoy the following rights as a PWD on equal basis?						
H3a	Right to life: 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	
H3b	Right to Shelter: 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	
H3c	Right to Education: 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	
H3d	Right to vote: 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	
H3e	Right to good health: 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	
H3f	Right to work 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	

H3g	Right to express oneself 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	
H3h	Right to marry and have a family: 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	
H3i	Right to participate in community events: 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	
H3j	Right to inheritance: 1=Yes 2=No	1 2	1 2	1 2	1 2	1 2	

CONCLUSION

What do you consider as your three urgent needs?

1.....

2.....

3.....

CODE LIST

Relationship to HHD Head (HB4)	Attend school (HB7)	Grade Completed (HB8)	Marital Status (HB9)
1= Household head 2= Spouse 3=Child 4= Step child 5=Grand child 6= Parent of head or spouse 7= Other Relative 8= Servant 9= Non relative	1=Attending School 2=Left School 3=Never Been in school 4=NA	01= Never been to school, 2=Did not complete preprimary, 3=completed preprimary, 4=in p1 but did not complete/ attend preprimary, 5=p1, 6=p2, 7=p3, 8=p4, 9=p5, 10=p6, 11=p7, 12=s1, 13=s2, 14=s3, 15=s4, 16=s5, 17=s6, 18=s6, 19=Professional certificate, 20=Diploma, 21=First Degree, 22=PGD, 23=Masters, 24=Phd, 25= Others, 26=NA	1= Currently married/Cohabiting/monogamous 2= Currently married/Cohabiting/polygamous 3= Divorced 4=Separated 5= Widow/ Widower 6= Single