



BELIZE

## QUESTIONNAIRE FORM FOR CHILD DISABILITY

CHILD DISABILITY QUESTIONNAIRE FORM		DA
<p><i>This questionnaire is to be administered to all mothers or caretakers (see Household Listing Form, column HL9) who care for a child that lives with them and is age 2 through 9 years (see Household Listing Form, column HL6). A separate questionnaire should be used for each eligible child.</i></p>		
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 THE STATISTICAL INSTITUTE OF BELIZE. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION WITH UNICEF. 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 ANYONE OUTSIDE OF THE TEAM WITHOUT YOUR WRITTEN PERMISSION.

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 HL2)'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 ANYONE OUTSIDE OF THE TEAM WITHOUT YOUR WRITTEN PERMISSION.

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 (specify) _____ 96
DA10. Field edited by (Name and number): Name _____	DA11. Data entry clerk (Name and number): Name _____

DA11A. <i>Record the time.</i>	Hour, minutes and am/pm .....__ : __	__ m
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DO NOT COPY

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 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>).</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>	

<p>DA26. <i>Record the time.</i></p>	<p>Hour, minutes and am/pm    ___ : ___ : ___ m</p>
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<p>DA27. <i>Does any other child age of 2- 9 years reside in the household?</i></p> <p><i>Check Household Listing Form, column HL9A for any eligible child age 2- 9 years.</i></p> <p><input type="checkbox"/> <i>Yes ⇒ Go to QUESTIONNAIRE FOR CHILD DISABILITY for that child and start the interview with this respondent.</i></p> <p><input type="checkbox"/> <i>No ⇒ Continue</i></p>
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<p>DA28. <i>Does any eligible woman age 15-49 reside in the household?</i></p> <p><i>Check Household Listing Form, column HL7 for any eligible woman.</i> <i>You should have a questionnaire with the Information Panel filled in for each eligible woman.</i></p> <p><input type="checkbox"/> <i>Yes ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.</i></p> <p><input type="checkbox"/> <i>NO ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and complete HH8 to HH15 on the cover page of the Household Questionnaire</i></p>
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**Interviewer's Observations**

**Field Editor's Observations**

**Supervisor's Observations**