Final: June, 2011



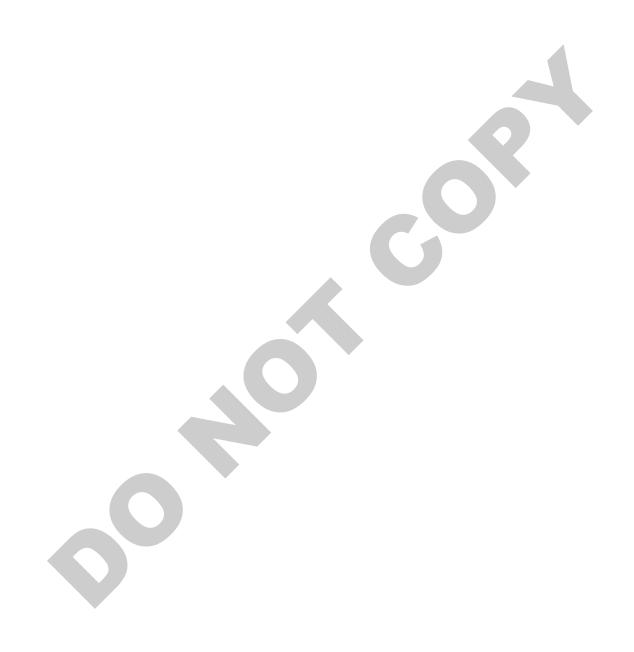


BELIZE

QUESTIONNAIRE FORM FOR CHILD DISABILITY

CHILD DISABILITY QUESTIONNAIRE FORM	DA
This questionnaire is to be administered to all mothers or care for a child that lives with them and is age 2 through 9 to A separate questionnaire should be used for each eligible of	years (see Household Listing Form, column HL6).
DA1.Cluster number	DA2. Household number:
DA3. Child's name:	DA4. Child's line number:
Name	
DA5. Mother's / Caretaker's name: Name	DA6. Mother's / Caretaker's line number:
DA7. Interviewer name and number:	DA8. Day / Month / Year of interview:
Name	
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. MAY I START NOW? □ Yes, permission is given ⇒ Go to DA12 to beg □ No, permission is not given ⇒ Complete DA9.	
DA9. Result of interview for child disability Codes refer to mother/caretaker.	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (specify) 96
DA10. Field edited by (Name and number):	DA11. Data entry clerk (Name and number):
Name	Name

DA11A. Record the time.	Hour, minutes and am/pm :::	m	
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To be administered to mothers or caretakers of children		
To be duministered to momers of caretakers of children	ı age 2-9 years.	
	Name	
	Age	
OR DID (name) HAVE ANY SERIOUS DELAY IN	Yes	
(name) HAVE DIFFICULTY SEEING, EITHER IN	Yes1 No2	
HEARS WITH DIFFICULTY OR COMPLETELY	Yes	
DOES HE/SHE SEEM TO UNDERSTAND WHAT	Yes	
HAVE WEAKNESS AND/OR STIFFNESS IN THE	Yes	
BECOME RIGID, OR LOSE CONSCIOUSNESS?	Yes1 No2	
OTHER CHILDREN HIS/HER AGE?	Yes1 No2	
WORDS; CAN HE/SHE SAY ANY RECOGNIZABLE	Yes1	
words)?	No2	
DA21. Check DA12: Age of child		
☐ Child age 3 through 9 \$\Rightarrow\$ Continue with D	DA22	
☐ Child age 2		
UNDERSTOOD BY PEOPLE OTHER THAN THE	Yes1	1⇒DA24
IMMEDIATE FAMILY)?	No2	2⇒DA24
(FOR EXAMPLE, AN ANIMAL, A TOY, A CUP, A	Yes1 No2	

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DA24. COMPARED WITH OTHER CHILDREN OF THE SAME AGE, DOES (name) APPEAR IN ANY WAY SLOW?	Yes1 No2	
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 (name). 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.	Respondent has no objections to additional visit	
DA26. Record the time.	Hour, minutes and am/pm: : m	
DA27. Does any other child age of 2-9 years reside in the household? Check Household Listing Form, column HL9A for any eligible child age 2-9 years. □ Yes ⇒ Go to QUESTIONNAIRE FOR CHILD DISABILITY for that child and start the interview with this respondent. □ No ⇒ Continue		
DA28. Does any eligible woman age 15-49 reside in the household? Check Household Listing Form, column HL7 for any eligible woman. You should have a questionnaire with the Information Panel filled in for each eligible woman. □ Yes ⇒ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman. □ 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		

