**INDIVIDUAL QUESTIONNAIRE**

Household ID **(bid)**:

Cluster ID **(cid)**:

Branch ID **(bid)**:

Individual ID (PID):

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 1. Identification** | | | |
| 1.1 | Name of the Enumerator **(enu)**: | | Enumerator ID **(enu\_id)**: |
| 1.2 | Interview Date (DD/MM/YY) **(date)**: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 2014 | | Interview Start Time **(stime)**: |
| 1.3 | Name of Index person | | HH Member ID **(mid)**: |
| 1.4 | If the interview cannot be taken, why not? **(why)** | 1= Household not located  2 = Refused to participate  If other, specify. **(whyoth)** | |
| 1.5 | Who is the respondent? | 1=Index person alone  2=Index person and other person  3=Other person who is not the index person | |
| 1.6 | Why did the index person not respond on his/her own (if 1.5 🡪 2, 3) | 1=Index person not available  2=Index person has severe difficulties communicating/understanding  3=Other | |

|  |  |  |
| --- | --- | --- |
| **SECTION 2. WASHINGTON GROUP EXTENDED SET[[1]](#footnote-2)** | | |
| **2.1**. Do you wear glasses or contact lenses? | Yes…………..1  No……………2 | 2⇨2.3 |
| **2.2**. Do you have difficulty seeing, even when wearing your glasses/contact lenses?  Would you say you have: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty…………..1  Some difficulty……….2  A lot of difficulty……...3  Cannot do at all……...4 | 1⇨2.4  2⇨2.4  3⇨2.4  4⇨2.4 |
| **2.3**. Do you have difficulty seeing?  Would you say you have: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty…………..1  Some difficulty……….2  A lot of difficulty……...3  Cannot do at all……...4 |  |
| **2.4**. Do you use a hearing aid? | Yes…………..1  No……………2 | 2⇨2.6 |
| **2.5**. Do you have difficulty hearing, even when using your hearing aid(s)?  Would you say you have: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty…………..1  Some difficulty……….2  A lot of difficulty……...3  Cannot do at all……...4 | 1⇨2.7  2⇨2.7  3⇨2.7  4⇨2.7 |
| **2.6**. Do you have difficulty hearing?  Would you say you have: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty…………..1  Some difficulty……….2  A lot of difficulty……...3  Cannot do at all……...4 |  |
| **2.7.** Do you use any equipment or receive help for getting around? | Yes…………..1  No……………2 | 2⇨2.9 |
| **2.8**. Do you have difficulty walking or climbing steps, even when using your equipment or with help?    Would you say you have: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty…………..1  Some difficulty……….2  A lot of difficulty……...3  Cannot do at all……...4 | 1⇨2.10  2⇨2.10  3⇨2.10  4⇨2.10 |
| **2.9**. Do you have difficulty walking or climbing steps?  Would you say you have: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty…………..1  Some difficulty……….2  A lot of difficulty……...3  Cannot do at all……...4 |  |
| **2.10**. Using your usual language, do you have difficulty communicating, for example understanding or being understood?  Would you say you have: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty…………..1  Some difficulty……….2  A lot of difficulty……...3  Cannot do at all……...4 |  |
| **2.11**. Do you have difficulty with self-care, such as washing all over or dressing?  Would you say you have: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty…………..1  Some difficulty……….2  A lot of difficulty……...3  Cannot do at all……...4 |  |
| **2.12**. Do you have difficulty raising a 2 litre bottle of water or soda from waist to eye level?  Would you say you have: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty…………..1  Some difficulty……….2  A lot of difficulty……...3  Cannot do at all……...4 |  |
| **2.13**. Do you have difficulty using your hands and fingers, such as picking up small objects, for example a button or pencil, or opening or closing containers or bottles?  Would you say you have: no difficulty, some difficulty, a lot of difficulty or cannot do at all? | No difficulty…………..1  Some difficulty……….2  A lot of difficulty……...3  Cannot do at all……...4 |  |
| **2.14**. How often do you feel worried, nervous or anxious?  Would you say: daily, weekly, monthly, a few times a year or never? | Daily…………………..1  Weekly………………..2  Monthly……………….3  A few times a year…..4  Never…………………5 | 5⇨2.16 |
| **2.15.** Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings?  Would you say: | A little…………………1  A lot…………………...2  Somewhere between a little and a lot…………3 |  |
| **2.16**. How often do you feel depressed?  Would you say: daily, weekly, monthly, a few times a year or never? | Daily…………………..1  Weekly………………..2  Monthly……………….3  A few times a year…..4  Never…………………5 | 5⇨2.18 |
| **2.17.** Thinking about the last time you felt depressed, how depressed did you feel?  Would you say: | A little…………………1  A lot…………………...2  Somewhere between a little and a lot…………3 |  |
| ***For People screening positive for Disability*** | | |
| 2.18 At what age did you first start experiencing these difficulties (enter age in years)? | \_\_\_ years  0 if age<1  999 if don’t know |  |
| 2.19 [For each domain of difficulty][[2]](#footnote-3) Have you ever been to a doctor/health professional about the difficulties you face in this area? | Yes…………..1  No……………2 | 2⇨next section |
| 2.20 [For each Yes to 2.19] What type of doctor/health professional did you see? | Non-specialist (e.g. primary care doctor/nurse, health worker)…………..….1  Specialist for the area of difficulty……….2  Traditional healer ….3  Other………………...4 |  |

| **Section 3: Personal Assistance, Assistive Products/Services[[3]](#footnote-4)** |
| --- |

|  |  |  |
| --- | --- | --- |
| **3.1**. Do you have someone to assist you with your day to day activities at home or outside? | Yes…………..1  No……………2 | 2⇨3.4 |
| **3.2** Is this assistance provided by a household member or someone else? | Household member..1  Someone else………2 |  |
| **3.3** Is this assistance available whenever you need it? | Yes…………..1  No……………2 |  |
| **3.4** How much time did this person spend **yesterday** providing assistance (in hours)? | \_\_\_\_\_ hours |  |
| **3.4** Do you need someone to assist you with your day to day activities at home or outside? | Yes…………..1  No……………2 |  |
| **3.5** Do you currently use any of the following? |  |  |
| 1. None | Yes…………..1  No……………2 |  |
| 1. Cane or sticks | Yes…………..1  No……………2 |  |
| 1. Crutches, axillary or elbow | Yes…………..1  No……………2 |  |
| 1. Orthoses, lower limb, upper limb or spinal | Yes…………..1  No……………2 |  |
| 1. Pressure relief cushions | Yes…………..1  No……………2 |  |
| 1. Prostheses, lower limb | Yes…………..1  No……………2 |  |
| 1. Rollators | Yes…………..1  No……………2 |  |
| 1. Standing frame, adjustable | Yes…………..1  No……………2 |  |
| 1. Therapeutic footwear; diabetic, neuropathic, orthopedic | Yes…………..1  No……………2 |  |
| 1. Tricycles | Yes…………..1  No……………2 |  |
| 1. Walking frames or walkers | Yes…………..1  No……………2 |  |
| 1. Wheelchair | Yes…………..1  No……………2 |  |
| 1. White cane | Yes…………..1  No……………2 |  |
| 1. Screen reader/text to speech software | Yes…………..1  No……………2 |  |
| 1. Communication boards | Yes…………..1  No……………2 |  |
| 1. Braille | Yes…………..1  No……………2 |  |
| 1. Sign Language | Yes…………..1  No……………2 |  |
| 1. Other (specify) | Yes…………..1  No……………2 |  |
| **3.6 [If at least 1 Yes to 3.5]** In addition to what you use, do you think you need any other assistive products. Which ones? | | |
| 1. None | Yes…………..1  No……………2 |  |
| 1. Cane or sticks | Yes…………..1  No……………2 |  |
| 1. Crutches, axillary or elbow | Yes…………..1  No……………2 |  |
| 1. Orthoses, lower limb, upper limb or spinal | Yes…………..1  No……………2 |  |
| 1. Pressure relief cushions | Yes…………..1  No……………2 |  |
| 1. Prostheses, lower limb | Yes…………..1  No……………2 |  |
| 1. Rollators | Yes…………..1  No……………2 |  |
| 1. Standing frame, adjustable | Yes…………..1  No……………2 |  |
| 1. Therapeutic footwear; diabetic, neuropathic, orthopedic | Yes…………..1  No……………2 |  |
| 1. Tricycles | Yes…………..1  No……………2 |  |
| 1. Walking frames or walkers | Yes…………..1  No……………2 |  |
| 1. Wheelchair | Yes…………..1  No……………2 |  |
| 1. Glasses, contact lenses |  |  |
| 1. White cane | Yes…………..1  No……………2 |  |
| 1. Screen reader/text to speech software | Yes…………..1  No……………2 |  |
| 1. Communication boards | Yes…………..1  No……………2 |  |
| 1. Braille | Yes…………..1  No……………2 |  |
| 1. Hearing aid |  |  |
| 1. Sign Language | Yes…………..1  No……………2 |  |
| 1. Other (specify) | Yes…………..1  No……………2 |  |
| 3.7 You told me you do not use assistive products/services. Do you think you need any of these? | | |
| 1. None | Yes…………..1  No……………2 |  |
| 1. Cane or sticks | Yes…………..1  No……………2 |  |
| 1. Crutches, axillary or elbow | Yes…………..1  No……………2 |  |
| 1. Orthoses, lower limb, upper limb or spinal | Yes…………..1  No……………2 |  |
| 1. Pressure relief cushions | Yes…………..1  No……………2 |  |
| 1. Prostheses, lower limb | Yes…………..1  No……………2 |  |
| 1. Rollators | Yes…………..1  No……………2 |  |
| 1. Standing frame, adjustable | Yes…………..1  No……………2 |  |
| 1. Therapeutic footwear; diabetic, neuropathic, orthopedic | Yes…………..1  No……………2 |  |
| 1. Tricycles | Yes…………..1  No……………2 |  |
| 1. Walking frames or walkers | Yes…………..1  No……………2 |  |
| 1. Wheelchair | Yes…………..1  No……………2 |  |
| 1. Glasses, contact lenses |  |  |
| 1. White cane | Yes…………..1  No……………2 |  |
| 1. Screen reader/text to speech software | Yes…………..1  No……………2 |  |
| 1. Communication boards | Yes…………..1  No……………2 |  |
| 1. Braille | Yes…………..1  No……………2 |  |
| 1. Hearing aid |  |  |
| 1. Sign Language | Yes…………..1  No……………2 |  |
| 1. Other (specify) | Yes…………..1  No……………2 |  |

| **Section 4: Participation[[4]](#footnote-5)** |
| --- |

**I'm going to ask you some questions about your involvement in different aspects of family, social life and society. Please listen to each one and answer yes, no, sometimes, sometimes or not applicable.**

| **Q. #** | **Question** | **Codes** | | | | | **Go to Q** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Yes | No | Sometimes | N/A | Don’t know |  |
| 4.1 | Are you consulted about making household decisions? | 1 | 2 | 3 | 4 | 5 |  |
| 4.14 | How often do you participate in decision making on [item]? | Rarely or never | Sometimes | Often | Always | Don’t Know |  |
| 4.14\_1 | Selling produce & livestock | 1 | 2 | 3 | 4 | 5 |  |
| 4.14\_2 | Buying goods and products | 1 | 2 | 3 | 4 | 5 |  |
| 4.14\_3 | Use of income from household income generating activities | 1 | 2 | 3 | 4 | 5 |  |
|  |  | Yes | No | Sometimes | N/A | Don’t know |  |
| 4.2 | Do you go with the family to events such as family gatherings, social events, etc? | 1 | 2 | 3 | 4 | 5 |  |
| 4.3 | Do you feel involved and part of the household or family? | 1 | 2 | 3 | 4 | 5 |  |
| 4.4 | Does the family involve you in conversations? | 1 | 2 | 3 | 4 | 5 |  |
|  |  | Rarely or never | Sometimes | Often | Always | Don’t Know |  |
| 4.15\_1 | How often you interact with other household members (e.g., speak or converse with them on a day-to-day basis)? | 1 | 2 | 3 | 4 | 5 |  |
| 4.15\_2 | How comfortable are you sharing your opinion in your household’s discussions? | 1 | 2 | 3 | 4 | 5 |  |
| Now I would like to ask you some questions about your ability and engagement with others | | | | | | |  |
| 4.16 | Do you feel confident about your [abilities]? | Not at all | A little bit | Somewhat | Very much | Don’t know |  |
| 4.16\_1 | Ability to do things as well as most other people | 1 | 2 | 3 | 4 | 5 |  |
| 4.16\_2 | Ability to solve problems | 1 | 2 | 3 | 4 | 5 |  |
| 4.16\_9 | Ability to learn new things | 1 | 2 | 3 | 4 | 5 |  |
| 4.16\_3 | Ability to engage with others | 1 | 2 | 3 | 4 | 5 |  |
| 4.16\_4 | Ability to access services | 1 | 2 | 3 | 4 | 5 |  |
| 4.16\_5 | Ability to engage in income generating activities | 1 | 2 | 3 | 4 | 5 |  |
| 4.16\_6 | Ability to participate in social life of the community | 1 | 2 | 3 | 4 | 5 |  |
| 4.16\_7 | Ability to support the family | 1 | 2 | 3 | 4 | 5 |  |
| 4.16\_8 | Know about your rights | 1 | 2 | 3 | 4 | 5 |  |
| 4.17 | Do you help other people (e.g., neighbors, friends, or relatives)? For example: assist in building new homes, assist people who are sick or with health care issues. | 1 | 2 | 3 | 4 | 5 |  |
| 4.18 | Are you comfortable meeting new people? | 1 | 2 | 3 | 4 | 5 |  |
| 4.19 | Do you have equal opportunity as your peers (people like you) to find work? | 1 | 2 | 3 | 4 | 5 |  |
| 4.20 | Do you work a similar number of hours and engage similar types of work compared to your peers? | 1 | 2 | 3 | 4 | 5 |  |
| 4.21 | Do you take as much part in casual recreational/social activities as do your peers? (e.g., sports, chat, meetings) | 1 | 2 | 3 | 4 | 5 |  |
| 4.22 | Do people treat you the same way as your peers (people like you)? | 1 | 2 | 3 | 4 | 5 |  |
|  |  | Yes | No | Sometimes | N/A | Don’t know |  |
| 4.5 | PWD: Does the family help you with daily activities/tasks? | 1 | 2 | 3 | 4 | 5 | “No, DK, N/A” 🡪4.7 |
| 4.6 | PWD: Do you appreciate it or like the fact that you get this help? | 1 | 2 | 3 | 4 | 5 |  |
| 4.7 | Do you/did you take part in your own traditional practices (e.g initiation ceremonies)? | 1 | 2 | 3 | 4 | 5 |  |
| 4.8 | PWD: Are you aware of organizations for people with disabilities (DPO)? | 1 | 2 |  |  |  | “No” 🡪4.10 |
| 4.9 | PWD: Are you a member of a DPO? | 1 | 2 |  |  |  |  |
| 4.10 | Do you participate in local community meetings? | 1 | 2 | 3 | 4 | 5 | “No” 🡪4.11 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Now I will ask you about your participation in community meetings. | | | | | |
|  |  | 8A.1 | | 8A.2 |
|  | [meeting] | How often do you participate in [meeting] in your community? | | In the last 3 months have you attended [meeting]?  1 = Yes 0 = No |
| 1=Never  2=Sometimes | 3=Often  4=Always |
| 4.23 | School meeting | (s8a1\_1) | | (s8a2\_1) |
| 4.23\_1 | Church gatherings | (s8a1\_2) | | (s8a2\_2) |
| 4.23\_2 | Burial ceremony | (s8a1\_3) | | (s8a2\_3) |
| 4.23\_3 | Wedding ceremony | (s8a1\_4) | | (s8a2\_4) |
| 4.23\_4 | Local government meetings | (s8a1\_5) | | (s8a2\_5) |
| 4.23\_5 | NGO meetings | (s8a1\_6) | | (s8a2\_6) |
| 4.23\_6 | VPRC meetings | (s8a1\_7) | | (s8a2\_7) |
| 4.23\_7 | VSLA meetings | (s8a1\_8) | | (s8a2\_8) |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Yes | No |  |  | Don’t know |  |
| 4.11 | Do you feel your voice is being heard? | 1 | 2 |  |  | 5 |  |
| 4.12 | Did you vote in the last election? | 1 | 2 |  |  | 5 | **“No”🡪 sect 5** |
| 4.13 | PWD: Was it related to your disability that you didn't vote? | 1 | 2 |  |  | 5 |  |

| **Section 5: Attitudes[[5]](#footnote-6)** |
| --- |

**Now I want to ask you some questions about the attitudes of people around you. When answering these questions please tell me on a scale from 1 to 6, where 1 is not at all and 5 means completely.**

| **Q. #** | **Question** | **Codes** | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | 1  Not at all | 2 | 3 | 4 | 5  Yes, completely | 98  Not applicable |
|  | Do you have problems getting involved in society because of the attitudes of others? | 1 | 2 | 3 | 4 | 5 | 98 |
|  | Do you feel that some people treat you unfairly? | 1 | 2 | 3 | 4 | 5 | 98 |
|  | Do you make your own choices about your day-to-day life? For example, where you go, what to eat. | 1 | 2 | 3 | 4 | 5 | 98 |
|  | Do you feel other people accept you? | 1 | 2 | 3 | 4 | 5 | 98 |
|  | Do you feel that other people respect you? For example, do you feel that others value you as a person and listen to what you have to say? | 1 | 2 | 3 | 4 | 5 | 98 |
|  | Do you consider yourself a burden on society? | 1 | 2 | 3 | 4 | 5 | 98 |
|  | Do people around you tend to become impatient with you? | 1 | 2 | 3 | 4 | 5 | 98 |
|  | Do people around you not expect much from you? | 1 | 2 | 3 | 4 | 5 | 98 |
|  | Is living with dignity a problem for you because of the attitudes and actions of others? | 1 | 2 | 3 | 4 | 5 | 98 |

**I’m now going to ask you some questions about safety and people’s behaviour towards you.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *In past 12 months…* | Yes | No | Don’t know/ Refused |
|  | … have you ever been beaten, scolded or discriminated against by any household member or relatives? | 1 | 2 | 88 |
|  | …have you ever been beaten, scolded, discriminated against at work or school? | 1 | 2 | 88 |
|  | …how often did you experience prejudice or discrimination (anywhere)? | 1 | 2 | 88 |
|  | (PEOPLE WITH DISABILITIES ONLY) how often have you experienced prejudice or discrimination because of your disability? | 1 | 2 | 88 |

| **Section 5: Environmental factors[[6]](#footnote-7)** |
| --- |

**I am going to ask you some general questions about your environment.**

**I would like to know if the environment makes it easy or hard for you to do things you need or want.**

**I want you to answer the following questions on a scale from 1 to 5, where 1 means very easy and 5 means very hard.**

| **Q. #** | **Question** | **Codes** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | 1  Not at all | 2 | 3 | 4 | 5  Yes, completely | 88  Don’t know | 98  Not applicable |
|  | Does your workplace or educational institution make it easy or hard for you to work or learn? | 1 | 2 | 3 | 4 | 5 | 88 | 98 |
|  | Do health facilities you need regularly make it easy or hard for you to use them? | 1 | 2 | 3 | 4 | 5 | 88 | 98 |
|  | Do places where you socialize and engage in community activities make it easy or hard for you to do this? | 1 | 2 | 3 | 4 | 5 | 88 | 98 |
|  | Do the shops, banks and post office in your neighborhood make it easy or hard for you to use them? | 1 | 2 | 3 | 4 | 5 | 88 | 98 |
|  | Do your regular places of worship make it easy or hard for you to worship? | 1 | 2 | 3 | 4 | 5 | 88 | 98 |
|  | Does the transportation you need or want to use make it easy or hard for you to use it? | 1 | 2 | 3 | 4 | 5 | 88 | 98 |
|  | Does your dwelling make it easy or hard for you to live there? | 1 | 2 | 3 | 4 | 5 | 88 | 98 |
|  | Does the toilet of your dwelling make it easy or hard for you to use it? | 1 | 2 | 3 | 4 | 5 | 88 | 98 |
|  | Do the temperature, terrain and climate of the place you usually live make it easy or hard for you to live there? | 1 | 2 | 3 | 4 | 5 | 88 | 98 |
|  | Do the lighting, noise and crowds in your surroundings make it easy or hard for you to live there? | 1 | 2 | 3 | 4 | 5 | 88 | 98 |
|  | Is the information you want or need available in a format that you can understand and use? | 1 | 2 | 3 | 4 | 5 | 88 | 98 |

|  |  |  |
| --- | --- | --- |
| 6.1 | How many hours did you spend on domestic and household work – including cooking, cleaning, caring for children, etc. – yesterday? | (s625) |
| 6.2 | How many hours did you spend on farming, cultivating and other agricultural activities yesterday? | (s626) |
| 6.3 | How many hours did you spend on herding and caring for livestock yesterday? | (s627) |
| 6.4 | How many hours did you spend on other business or other income-generating activities last week? | (s628) |
| 6.5 | How many hours did you spend on visiting and meeting with others (including socializing with neighbours, meeting with friends at their homes or in trading center, attending wedding or other celebrations, etc.) last week? | (s629) |

| **Section 6: Time Allocation** |
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| **Section 7: Social networks** |
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**I am now going to ask you some questions about your social networks.**

|  |  |  |  |
| --- | --- | --- | --- |
| **INTERVIEWER ASK ONLY Q183 WHEN RESPONDENT HAS CHILDREN (CHECK Q 113 PAGE 4)**  **IF NO CHILDREN RECORD 95 AND SKIP TO 184** | | | |
| 7.1 | How many of your children do you feel very close to? | | Children\_\_\_\_\_\_  00= none of them  95 = Has no (living) children  97=Refused  8= Don’t know |
| 7.2 | How many of these children live near to you? | | 00= none  Record the number |
| 7.3 | In general, apart from your children, how many other relatives do you have that you feel very close to? (people that you feel at ease with, can talk to about private matters, and call on for help?) | | relatives\_\_\_\_\_\_  00= none of them  97= Refused  8= Don’t know |
| 7.4 | How many of these relatives live near to you? | | 00= none  Record the number |
| 7.5 | In general, how many very close friends do you have? (People that you feel at ease with, can talk to about private matters, and call on for help?) | | Friends\_\_\_\_\_\_\_  00= none of them  97= Refused  98= Don’t know |
| 7.6 | How many of these friends live near to you? | | 00= none  Record the number |
| 7.7 | In the last two weeks, how often have you….  1= Not at all  2= Once or twice  3= More than twice  4= Daily | | |
| 1. …been out of the house/ dwelling to attend social meetings, activities, weddings, events? | | |
| 1. …gotten out of the house/ dwelling to visit a relative, neighbour or friend? | | |
| 1. …had visitors to your house, such as friends, neighbours, and relatives? | | |
| 1. …attended religious services? | | |
| 7.8 | Would you like to go out more often or are you satisfied with how much you get out of the house? | 1= Would like to go out more often  2= Satisfied  3= Would like to go out less often | |
| 7.9 | Would you like to have more visitors or are you satisfied? | 1= Would like to have more visitors  2= Satisfied  3= Would like to have fewer visitors | |

| **Section 8: COVID-19** |
| --- |

**I am now going to ask you some questions about COVID-19.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 8.1 | Have you heard about COVID-19? | Yes | 1 | No, skip > section 9 | Single choice |
| No | 0 |
| 8.2 | Did you suffer from COVID-19 symptom (e.g., fever, cough, sneezing, breathing problem) since the outbreak began? | Yes | 1 |  | Single choice |
| No | 0 |
| 8.3 | Did anyone in your household suffer from COVID-19 symptom (e.g. fever, cough, sneezing, breathing problem) since the outbreak began? | Yes | 1 |  | Single choice |
| No | 0 |
| 8.4 | Since the COVID-19 outbreak, did you test positive for COVID-19? | Yes | 1 |  | Single choice |
| No | 0 |
| Never tested | 2 |
| 8.5 | Since the COVID outbreak, did any of your household members test positive for COVID-19? | Yes | 1 |  | Single choice |
| No | 0 |
| Never tested | 2 | Skip > 37 |
| 8.6 | How many members (including you) of your household tested positive? |  |  |  | Integer |
| 8.7 | Have you heard of a vaccine that can prevent COVID-19 disease? |  |  |  |  |
| 8.8 | Did you take any COVID-19 vaccine? | Yes | 1 |  | Single choice |
| No | 0 |
| 8.9 | How many members (including you) of your household take COVID-19 vaccine? |  |  |  | Integer |
| 8.10 | Would you take a COVID-19 vaccine if it was offered to you? | **Yes = 1, no = 0** |  |  |  |

|  |  |
| --- | --- |
| How has the COVID-19 outbreak and the restrictions put in place (e.g. lockdowns) affected the following for you? | Options:  Large positive change=1  Somewhat positive change=2  No change=3  Somewhat negative change=4  Large negative change=5  N/A=88 |
| 8.11\_1. Your household finances |  |
| 8.11\_2. Your ability to get the food you need |  |
| 8.11\_3. Your access to needed medication, devices and healthcare for your disability |  |
| 8.11\_4. Your well-being (e.g., boredom, loneliness, anxiety, stress) |  |
| 8.11\_5. Your relationships with family and friends |  |

| **Section 9: Skills and aspirations** |
| --- |

**I am now going to ask you some questions about your skills and your aspirations.**

| **Q. #** | **Question** | **Codes** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | 1  Cannot do at all | 2  Somewhat | 3  Good | 4  Very good | 5  Excellent | 88  Don’t know | 98  Not applicable |
| 9.1 | How would you rate your ability to run your business (e.g., manage livestock if livestock farmer, or crops if crop farmer)? | 1 | 2 | 3 | 4 | 5 | 88 | 98 |
| 9.2 | How would you rate your ability to manage your finances? | 1 | 2 | 3 | 4 | 5 | 88 | 98 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Now I would like to inquire about your household’s future plans | |  |
| 9.2 | Does your household have a future plan about income generating activities to venture into? | 1=Yes  0=No |  |
| 9.3 | Does your household have a future plan about family planning? |  |
| 9.4 | Does your household have a future plan about sending children to school? |  |
| 9.5 | Does your household have a future plan about VSLA participation? |  |

| **Section 10: Shocks and coping strategies** |
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Did you experience any negative event such as drought, disease, illness during the past 12 months that resulted in decline in your household's assets or income or food?

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| --- | --- | --- | --- | --- | --- |
| Q | Description of distress events | Did you experience [SHOCK] during the past 12 months  1=Yes; 0=No | How did your household cope with the shock? [up to three answers] | | |
|  |  |  | 1st | 2nd | 3rd |
| 10.1 | Irregular rains |  |  |  |  |
| 10.2 | Unusually high levels of crop or animal pests or diseases |  |  |  |  |
| 10.3 | Unusually high costs of agricultural inputs |  |  |  |  |
| 10.4 | Unusually low prices of agricultural outputs |  |  |  |  |
| 10.5 | Reductions in earnings from employed household member(s) |  |  |  |  |
| 10.6 | Loss of employment of previously employed household member(s) (not due to accident or illness) |  |  |  |  |
| 10.7 | Serious illness or accident of household member(s) |  |  |  |  |
| 10.8 | Death of household member(s) |  |  |  |  |
| 10.9 | Theft of agricultural/non-agricultural assets/output |  |  |  |  |

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| --- | --- |
| **CODES for Shock**  Codes: 0= Did nothing  1= unconditional help provided by relatives and friends  2= unconditional help provided by local government  3= changed dietary patterns involuntarily (relied on less preferred food options, reduced the proportion or number of meals per day, skipped days without eating, etc)  4= changed cropping practices (crop choices or technologies)  5= household members took on more non-farm (wage or self) employment  6= household members took on more farm wage employment  7= household members migrated | 8= relied on savings  9= obtained credit  10= sold durable household assets  11= sold land/building  12= rented out land/building  13= distress sales of animal stock  14= sent children to live elsewhere  15= reduced expenditure on health and education  96- other (specify) |
|

| **Section 11: Patient health questionnaire 9** |
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| --- | --- | --- | --- | --- |
| Over the last 2 weeks, how often have you been bothered by any of the following problems? | Not at all | Several days | More than half the days | Nearly every day |
| 11.1. Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 11.2. Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| 11.3. Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| 11.4. Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 11.5. Poor appetite or overeating | 0 | 1 | 2 | 3 |
| 11.6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| 11.7. Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| 11.8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual | 0 | 1 | 2 | 3 |
| 11.9. Thoughts that you would be better off dead or of hurting yourself in some way | 0 | 1 | 2 | 3 |
| 11.10 If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people | 0 = Not difficult at all   | 1 = Somewhat difficult   | 2 = Very difficult   | 3= Extremely difficult   |

Luganda version here: <https://www.cambridge.org/core/journals/global-mental-health/article/validity-and-diagnostic-accuracy-of-the-luganda-version-of-the-9item-and-2item-patient-health-questionnaire-for-detecting-major-depressive-disorder-in-rural-uganda/A0100D120B34D1F9610CCC228C865C5C#supplementary-materials>

| **Section 12: Health insurance** |
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| 12.1 | Are you covered by any health insurance? | Yes= 1; No = 0 |
| --- | --- | --- |
| 12.2 | What type of health insurance are you covered by?  RECORD ALL MENTIONED | Mutual health organisation / community-based health insurance = A  Health insurance through employer = B  Social security = C  Other privately-purchased commercial health insurance = D  Other = \_\_\_\_\_\_\_\_ |

From DHS round 8:

1. 1. Washington Group on Disability Statistics. *Washington Group - Extended Question Set on Functioning (WG ES-F)*. 2011; Available from: http://www.washingtongroup-disability.com/wp-content/uploads/2016/01/WG\_Extended\_Question\_Set\_on\_Functioning.pdf. [↑](#footnote-ref-2)
2. “A lot” or “cannot do” for any question, or for anxiety/depression, daily symptoms of an intensity described as “a lot” [↑](#footnote-ref-3)
3. Adapted from WHO Model Disability Survey [↑](#footnote-ref-4)
4. SINTEF Participation Scale: Eide, A., S. Neupane, and K.G. Hem, *Living conditions among people with disability in Nepal*. 2016, SINTEF [↑](#footnote-ref-5)
5. Adapted from WHO Model Disability Survey; Violence questions from SINTEF [↑](#footnote-ref-6)
6. Adapted from WHO Model Disability Survey [↑](#footnote-ref-7)