District	/___/___/___/
Village/town cluser code /___//___//___/	**Household code**	/___/___/

N.B.:Listing members of household from the head to the youngest member respecting the type of relationship.

1.3.	Relationship to the head of household	1 = head of household 4 = father 7 = sister 10 = member of spouse family 2 = spouse 5 = mother 8 = nephew/niece 11 = friend 3 = son or daughter 6 = brother 9 = uncle/aunt 12= grandson or granddaughter 13 = in-law family 14 =other, specify_____
1.6	Civil/marital status	1 = single, never married 3 = married, polygamous 5 = divorced/separated 7 = widowed 2 = married, monogamous 4 = engaged 6 = with a partner 8 = other, specify_____
1.7	Length of stay	Specify number of months in the place. Translate years in months. If less than a month code 1 People who never moved since they were born : just code their age in month
1.9	Migration Displacement	1 = never moved 4 = from Liberia 7 = from another country in Africa 2 = from another village of SL 5 = from Guinea 8 = from other foreign country 3 = from another town of SL 6 = West African Country/ECOWAS
1.10.	Reason for Migration Displacement	1 = birth place / not moved 4 = because I had no land where I lived 7 = moving with or to family 2 = to get married 5 = familly problem 8 = other, specify_____ 3 = because of lack of job where I lived 6 = because of war
1.12	Employment situation	1 = not working, seeking for a job 4 = student 7 = others, specify_____ 2 =not working, not looking for a job 5 = long disease, not looking for a job 3 = person in charge of household tasks 6 = too young/old to be working or too young to be going to school
1.13	Status of activity	1 = farmer 4 = work with an NGO 7 = apprentice 10 = other specify_____ 2 = work with the Government 5 = I do my own business 8 = family helper (no wage) 3 = work with a Company 6 = small jobs for someone else 9 = employer

1.1.	1.2.	1.3.	1.4	1.5	1.6	1.7	1.8	1.9	1.10	1.11	1.12
			For all members of household								**If 1.11 NO**
N°	Name	What is your relation to the HH?	Is (name) male or Female ? (circle choice) M / F	What is the age of (name)?	Is (name) married? (ask only if over 10 years)	How long have (name) been in this place ?	Are you planning to stay permanently? Yes/No/DK	Where (name) is coming from?	What is the main reason for (name) to come here?	Is (name) working? (ask for the month before) Yes / No	If (name) is **not** working what he/she does all day ?
/_1_/	_____	1	1 / 2	/___/___/	/___/	/___/___/___/	1 / 2 / 88	/___/	/___/	1 / 2	/___/
/_2_/	_____	/___/	1 / 2	/___/___/	/___/	/___/___/___/	1 / 2 / 88	/___/	/___/	1 / 2	/___/
/_3_/	_____	/___/	1 / 2	/___/___/	/___/	/___/___/___/	1 / 2 / 88	/___/	/___/	1 / 2	/___/
/_4_/	_____	/___/	1 / 2	/___/___/	/___/	/___/___/___/	1 / 2 / 88	/___/	/___/	1 / 2	/___/
/_5_/	_____	/___/	1 / 2	/___/___/	/___/	/___/___/___/	1 / 2 / 88	/___/	/___/	1 / 2	/___/
/_6_/	_____	/___/	1 / 2	/___/___/	/___/	/___/___/___/	1 / 2 / 88	/___/	/___/	1 / 2	/___/
/_7_/	_____	/___/	1 / 2	/___/___/	/___/	/___/___/___/	1 / 2 / 88	/___/	/___/	1 / 2	/___/
/_8_/	_____	/___/	1 / 2	/___/___/	/___/	/___/___/___/	1 / 2 / 88	/___/	/___/	1 / 2	/___/
/_9_/	_____	/___/	1 / 2	/___/___/	/___/	/___/___/___/	1 / 2 / 88	/___/	/___/	1 / 2	/___/
/_10_/	_____	/___/	1 / 2	/___/___/	/___/	/___/___/___/	1 / 2 / 88	/___/	/___/	1 / 2	/___/
/_11_/	_____	/___/	1 / 2	/___/___/	/___/	/___/___/___/	1 / 2 / 88	/___/	/___/	1 / 2	/___/
/_12_/	_____	/___/	1 / 2	/___/___/	/___/	/___/___/___/	1 / 2 / 88	/___/	/___/	1 / 2	/___/
/_13_/	_____	/___/	1 / 2	/___/___/	/___/	/___/___/___/	1 / 2 / 88	/___/	/___/	1 / 2	/___/
/_14_/	_____	/___/	1 / 2	/___/___/	/___/	/___/___/___/	1 / 2 / 88	/___/	/___/	1 / 2	/___/
/_15_/	_____	/___/	1 / 2	/___/___/	/___/	/___/___/___/	1 / 2 / 88	/___/	/___/	1 / 2	/___/

Village/town cluser code /___//___//___/	**District** /___/___/___/
	Household code /___/___/___/

1.14	**Code of the Profession**	write the code of the profession in which the person works (list of professions in the manual)
1.15	**Code of the sector of activity**	**1=** Agriculture (farming, etc.) **5 =** Land and Construction (house building) **9 =** State and Administration **2 =** Cattle keeping **6 =** Craft (mechanic, weaver, etc.) **10 =** Education **3 =** Mining **7 =** Transport (taxi, bus, train, airplane) **11 =** Services **4 =** Manufacturing / Industry **8 =** Trade
1.16-1.17	**Work load**	Evaluate the number of hours worked. Try to evaluate number of days a week
1.19	**Level of school**	**1 =** pre-school **3 =** junior secondary 1 **5 =** senior secondary 3 **7 =** religious school (eg Koranschool) **2 =** primary school **4 =** junior secondary 3 **6 =** tertiary **8 =** vocational training
1.20	**Degree**	**1 =** no degree **3 =** BECE (after JSS3) **6 =** TC/HTC **9 =** PhD **2 =** primary school certificate (NPSE) **4 =** WASSCE/O-level (after S **7 =** bachelor **10 =** other, specify **5 =** HND **8 =** Masters
1.21 (persons above 5)	**Absence of education**	**1 =** absence of school because of war/situation **9 =** school not very useful (for children in general) **2 =** school too far **10 =** did/do not like school **3 =** no teacher because of war / situation **11 =** child too old to go to school **4 =** lack of money to send me to school/ poor family **12 =** child to young to go to school **5 =** need to work **13 =** because of disability/my difficulty **6 =** need to help for household chores **14 =** insecurity and risk of child abduction **7 =** school not adapted to girls: no latrines… **15 =** there was no school in my time **8 =** school useless for girls **16 =** other, specify_____
1.21.-1.23	**Income**	Give an approximation of income in cash even if it is in kind. Calculate a daily/weekly amount and evaluate for a month. For contract worker, the monthly wage is indicated. For farmers, give an estimated value of the crops. For shepherd, animal keeper who owns animals, income from activity.

1.13	1.14	1.15	1.16	1.17	1.18	1.19	1.20.	1.21	1.22	1.23
If 1.11 YES:	*For active members*				*For everyone over 4 years old*					
Under which of the above status categories (name) fall?	What is the profession of (name)? *Indicate the code*	Sector of activity of (name) *Indicate the code*	How many hours/day do (name) usually work ? Specify hours/day	How many days/week do (name) usually work ? Specify days/week	Does (has) (name) receive(d) some education? (If 2=>Q1.21) Yes / No	If YES, What is the **highest** level (name) reached? Level:	If YES, What is the highest degree (name) reached? Degree:	If **NO** why?	Does (name) have an income (whatever the source) if 1=>Q1.32 Yes / No	If YES How much is (name) monthly income ? (ask for last ne in SL Leone
/___/___/	/___/___/	/___/___/	/___/___/	/___/	1 / 2	/___/	/___/	/___/___/	1 / 2	/___/___/___/
/___/___/	/___/___/	/___/___/	/___/___/	/___/	1 / 2	/___/	/___/	/___/___/	1 / 2	/___/___/___/
/___/___/	/___/___/	/___/___/	/___/___/	/___/	1 / 2	/___/	/___/	/___/___/	1 / 2	/___/___/___/
/___/___/	/___/___/	/___/___/	/___/___/	/___/	1 / 2	/___/	/___/	/___/___/	1 / 2	/___/___/___/
/___/___/	/___/___/	/___/___/	/___/___/	/___/	1 / 2	/___/	/___/	/___/___/	1 / 2	/___/___/___/
/___/___/	/___/___/	/___/___/	/___/___/	/___/	1 / 2	/___/	/___/	/___/___/	1 / 2	/___/___/___/
/___/___/	/___/___/	/___/___/	/___/___/	/___/	1 / 2	/___/	/___/	/___/___/	1 / 2	/___/___/___/
/___/___/	/___/___/	/___/___/	/___/___/	/___/	1 / 2	/___/	/___/	/___/___/	1 / 2	/___/___/___/
/___/___/	/___/___/	/___/___/	/___/___/	/___/	1 / 2	/___/	/___/	/___/___/	1 / 2	/___/___/___/
/___/___/	/___/___/	/___/___/	/___/___/	/___/	1 / 2	/___/	/___/	/___/___/	1 / 2	/___/___/___/
/___/___/	/___/___/	/___/___/	/___/___/	/___/	1 / 2	/___/	/___/	/___/___/	1 / 2	/___/___/___/
/___/___/	/___/___/	/___/___/	/___/___/	/___/	1 / 2	/___/	/___/	/___/___/	1 / 2	/___/___/___/
/___/___/	/___/___/	/___/___/	/___/___/	/___/	1 / 2	/___/	/___/	/___/___/	1 / 2	/___/___/___/
/___/___/	/___/___/	/___/___/	/___/___/	/___/	1 / 2	/___/	/___/	/___/___/	1 / 2	/___/___/___/
/___/___/	/___/___/	/___/___/	/___/___/	/___/	1 / 2	/___/	/___/	/___/___/	1 / 2	/___/___/___/

2 - SCREENING QUESTIONS FOR IDENTIFICATION OF DIFFERENT TYPES OF DISABILITY

Village/town cluser code /___//___//___/

District /___/___/

Household code /___/___/

FILL IN PROPER CODE FOR THE PERSON TO WHOM THE CONDITION APPLIES

0	1	2	2.1	2.2	2.3	2.4	2.5
			1. Physical				
N°	Name Please copy the name from the Household form	What is the age of (name)?	Does (name) lack part of one or more limb?	Is (name) partially or totally paralysed?	Is (name) unable to move part or entire body?	Does (name) often have any difficulties walking/ moving around or climbing steps?	Does (name) have a part of the body that looks **different** from the other persons of the family?
			4 = YES, two or more limbs	4 = YES, totally paralysed	4 = YES, unable	4 = YES, unable	2 = YES
			3 = YES, one limb	3 = YES, half paralysed	3 = YES, a lot of difficulty	3 = YES, a lot of difficulty	1 = NO
			2 = YES, part of one limb	2 = YES, less than half body paralysed	2 = YES, some difficulty: move	2 = YES, some difficulty: move at a	
			1 = NO	1 = NO	1 = NO difficulty to move the	1 = NO difficulty to move or	
/_1_/	_____	/___//___/	/___/	/___/	/___/	/___/	/___/
/_2_/	_____	/___//___/	/___/	/___/	/___/	/___/	/___/
/_3_/	_____	/___//___/	/___/	/___/	/___/	/___/	/___/
/_4_/	_____	/___//___/	/___/	/___/	/___/	/___/	/___/
/_5_/	_____	/___//___/	/___/	/___/	/___/	/___/	/___/
/_6_/	_____	/___//___/	/___/	/___/	/___/	/___/	/___/
/_7_/	_____	/___//___/	/___/	/___/	/___/	/___/	/___/
/_8_/	_____	/___//___/	/___/	/___/	/___/	/___/	/___/
/_9_/	_____	/___//___/	/___/	/___/	/___/	/___/	/___/
_10_	_____	/___//___/	/___/	/___/	/___/	/___/	/___/
_11_	_____	/___//___/	/___/	/___/	/___/	/___/	/___/
_12_	_____	/___//___/	/___/	/___/	/___/	/___/	/___/
_13_	_____	/___//___/	/___/	/___/	/___/	/___/	/___/
_14_	_____	/___//___/	/___/	/___/	/___/	/___/	/___/
_15_	_____	/___//___/	/___/	/___/	/___/	/___/	/___/
_16_	_____	/___//___/	/___/	/___/	/___/	/___/	/___/
_17_	_____	/___//___/	/___/	/___/	/___/	/___/	/___/
_18_	_____	/___//___/	/___/	/___/	/___/	/___/	/___/
_19_	_____	/___//___/	/___/	/___/	/___/	/___/	/___/
_20_	_____	/___//___/	/___/	/___/	/___/	/___/	/___/

Village/town cluser code   /___//___//___/

	2. Senses			**3. Learning/Developmental**		
2.6	2.7	2.8	2.9	2.10	2.11	2.12
Does (name) have difficulty or need assistance taking care of themselves, such as bathing, getting dressed, or going to the toilet?	Does (name) have any difficulties seeing **even if** wearing glasses?	Does (name) have any difficulties hearing, **even if** using a hearing aid?	Does (name) unable to talk, or has difficulties saying words?	Was (name) later than the others beginning to walk?	Was (name) later than the others beginning to talk?	Does (name) have more difficulty or is slower than others in learning things and needs to be constantly encouraged to do things?
4 = YES, constantly /always	4 = YES, cannot see at all	4 = YES, cannot hear at all	4 = YES, cannot talk at all	4 = YES, several years	4 = YES, a lot late, more than 5 years	4 = YES, cannot learn or with very high difficulty
3 = YES, often	3 = YES, a lot of difficulty to see, needs glasses	3 = YES, a lot of difficulty to hear, needs a hearing aid	3 = YES, a lot of difficulty to talk, pronounce words	3 = YES, more than a year	3 = Yes, rather late between 3 and 5 years	3 = YES, have some difficulty to learn and to do things
2 = YES, sometimes	2 = YES, some difficulty to see, needs glasses	2 = YES, some difficulty to hear	2 = YES, some difficulty to talk, pronounce words	2 = YES, but less than a year	2 = Yes, slightly late about 1 year	2 = Little difficulty to learn and to do things
1 = NO, never	1 = NO difficulty to see at all	1 = NO difficulty to hear at all	1 = NO difficulty to talk at all	1 = NO	1 = NOT late at all	1 = NO difficulty to learn and do things at all
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				4. Behavioural patterns			
2.13	2.14	2.15	2.16	2.17	2.18	2.19	2.20
Does (name) have difficulty acting/behaving his/her age or behave much younger than his/her age?	Does (name) have difficulty in generally understanding what people are telling her/him?	Does (name) have difficulty in generally to make himself/herself understood by others?	Does (name) have difficulty concentrating or remembering things?	Does (name) behave in a strange manner?	Does (name) constantly make up (imaginary) stories which are not true?	Does (name) see or hear things that are not there?	Does (name) talk to him/herself constantly or often ?
4 = YES, constantly/ always	4 = YES, constantly /always	4 = YES, constantly /always	4 = YES, constantly /always	4 = YES, constantly /always	4 = YES, constantly /always	4 = YES, constantly /always	4 = YES, constantly /always
3 = YES, often/ many times	3 = YES, often	3 = YES, often	3 = YES, often	3 = YES, often	3 = YES, often	3 = YES, often	3 = YES, often
2 = YES, sometimes/few times	2 = YES, sometimes	2 = YES, sometimes	2 = YES, sometimes	2 = YES, sometimes	2 = YES, sometimes	2 = YES, sometimes	2 = YES, sometimes
1 = NO, never	1 = NO, never	1 = NO, never	1 = NO, never	1 = NO, never	1 = NO, never	1 = NO, never	1 = NO, never
/___/	/___/	/___/	/___/	/___/	/___/	/___/	/___/
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District /___/___/

Household code /___/___/

Village/town cluser cod

						5. Mood/Affect
2.21	2.22	2.23	2.24	2.25	2.26	2.27
Does (name) make the same gestures over and over again such as rocking, biting their arm, swinging their head?	Does (name) scream loudly when they are touched or hear a noise that they do not like?	Does (name) have a tendency to physically hurt her/himself? (like hititing her/ his head against the wall, pulling her/his hair)	Does (name) have trouble adjusting to change and always want to do things in the same way?	Does (name) refuse to be with family or other people and prefers to stay alone?	Does (name) become angry and aggressive without reason or fight a lot?	Does (name) have rapid changes of mood, for instance feel depressed, then happy and then angry?
4 = YES, constantly /always	**4 = YES, constantly /always**	**4 = YES, constantly /always**	**4 = YES, constantly /always**	**4 = YES, constantly /always**	**4 = YES, constantly /always**	**4 = YES, constantly /always**
3 = YES, often	**3 = YES, often**	**3 = YES, often**	**3 = YES, often**	**3 = YES, often**	**3 = YES, often**	**3 = YES, often**
2 = YES, sometimes	**2 = YES, sometimes**	**2 = YES, sometimes**	**2 = YES, sometimes**	**2 = YES, sometimes**	**2 = YES, sometimes**	**2 = YES, sometimes**
1 = NO, never	**1 = NO, never**	**1 = NO, never**	**1 = NO, never**	**1 = NO, never**	**1 = NO, never**	**1 = NO, never**
/___/	/___/	/___/	/___/	/___/	/___/	/___/
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e /___//___//___/   **District** /___/___/
    Household code /___/___/

					6. Neurological		
2.28	2.29	2.30	2.31	2.32	2.33	2.34	2.35
Is (name) extremely active and cannot keep still or sit in one place for long ?	Does (name) seem to not care about others or be aware of the feelings of others?	Does (name) not notice when someone is speaking to them, or not be aware of the presence of others?	Does (name) feel afraid for no reason or feel easily scared?	Does (name) have trouble getting along with other people of the same age ?	Has (name) fainting in the past 3 months?	Does (name) experience sudden jerking of the (parts of) body with loss of consciousness during the last 3 months?	Does (name) bite his/her tongue or froth at the mouth on occasions in last 3 months?
4 = YES, constantly /always	4 = YES, constantly /always	4 = YES, constantly /always	4 = YES, constantly /always	4 = YES, constantly /always	4 = YES, more than 40 times	4 = YES, more than 40 times	4 = YES, more than 40 times
3 = YES, often	3 = YES, often	3 = YES, often	3 = YES, often	3 = YES, often	3 = YES, often, more than 5 times	3 = YES, often, more than 5 times	3 = YES, often, more than 5 times
2 = YES, sometimes	2 = YES, sometimes	2 = YES, sometimes	2 = YES, sometimes	2 = YES, sometimes	2 = YES, sometimes, 1 to 2 times	2 = YES, sometimes, 1 to 2 times	2 = YES, sometimes, 1 to 2 times
1 = NO, never	1 = NO, never	1 = NO, never	1 = NO, never	1 = NO, never	1 = NO, never	1 = NO, never	1 = NO, never
/___/	/___/	/___/	/___/	/___/	/___/	/___/	/___/
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3. Education

District /___/___/
Village/town cluster /___/___/___/
Household code /___/___/
Member code /___/___/

3.1 Do you know how to read and write (for instance a short note)?	**1** = YES **2** = NO	/___/ **specify the choice**
The surveyor asks the person to read and then to write the following: *My name is (specify). I am from (specify the village or town name). I am (X) years old. I would like to tell you about my situation* *You sabe rid and write?* *Me name na…………… are comot from……….. I ol ………. Years and go lek for tell u about me condition.* _____ _____ **N.B.:** *Code again in the box on the right 1=YES if the interviewee could write the entire text, and 2=NO if he/she could not write the entire text*		/___/ **Specify the choice**
3.2 Do you know how to count?	**1** = YES **2** = NO	/___/ **Specify the choice**
The surveyor asks the person count and write until 20 : _____ **N.B.:***Code again in the box below 1=YES if the interviewee could count until 20, and 2=NO if he/she could not.*		/___/ **Specify the choice**
3.3 What kind of education did you receive or are you receiving mainly? (2 answers possible) **N.B. :** *For answers 1 to 5 go to Q. 3.5.* *For answer 6 and 7 go to next question: 3.4*	**1** = Government school ----->***skip to Q. 3.5*** **2** = private paying school ----->***skip to Q. 3.5*** **3** = Free community school/ NGO school ----->***skip to Q. 3.5*** **4** = Professional training center ----->***skip to Q. 3.5*** **5** = religious school, please ----->***skip to Q 3.5*** specify_____ **6** = within the family/or with someone from the community ----->***skip to Q. 3.4*** **7** = no education----------------->***skip to Q. 3.4***	/___/ **/** /___/ **Specify the choice**
3.4 Why did you receive no formal education? (2 answers possible) **N.B.:** *Be careful and specific in the coding. Ask precision/more detail answer to the person if needed.* *1-to 5 – lack of money;* *6 to 9 – some form of violence* *10 to 11 – family wanted/needed the child at home* *12 – no parents to take care of me* *13 to 14 – someone did not let the child go;* *15 to 16 – no learning materials, bad teaching, no facilities* *17 – child did not work at school* *18 to 21 – reason linked to disability/illness*	**1** = there was/is no school in the village/vicinity, school is too far away, no transportation **2** = lack of money to pay for fees **3** = lack of money for uniform **4** = lack of money to pay for other school expenditures (books, teacher's wage…) **5** = no money for food **6** = teacher is violent **7** = other children are violent at school **8** = other people are violent at school **9** = it is dangerous to go to school: risk of violence on the way **10** = too much work in the house (household chores) **11** = need to work, too much work in the field or in another job **12** = nobody to take care of me/parents missing **13** = school useless for girls/family does not allow girls to be educated **14** = education not very useful in general **15** = poor quality of school and teaching **16** = no access to toilet/ water **17** = child doesn't like school **18** = My teacher thinks there is something wrong with me **19** = my parents think I cannot go because I am disabled **20** = other parents complain because of my problem **21** = other reason linked to my disability, specify_____ **22** = other reason, specify_____	/___/___/ **/** /___/___/ **Specify the choice**
3.5 Did you face problems in being able to travel to and from school (cannot walk, no bus, bus too expensive, violence, etc)?	**1** = YES **2** = NO----------------->***go to Q. 3.7***	/___/ **Specify the choice**

3.6 If YES, what kind of problem? (2 answers possible)	**1** = no transportation **2** = physical violence (beating, chasing, whipping) **3** = sexual harassment/violence **4** = theft **5** = nobody can come with me **6** = too expensive/ no money for traveling to school **7** = other, specify_____	/___/ / /___/ **Specify the choice**
3.7 Did you (or your parents) have enough money to pay for you to go to school?	**1** = YES **2** = NO	/___/ **Specify the choice**
3.8 Did you face a problem with the teacher?	**1** = YES **2** = NO----------------->***go to Q. 3.10***	/___/ **Specify the choice**
3.9 If YES, what kind of problem?	**1** = my teacher thinks there is something wrong with me and I was refused a place in the class **2** = the teacher was abusing and cursing me **3** = sexual harassment/violence **4.**= the teacher does not think disabled children can learn **5** = the teacher thinks that disabled children should not take up spaces in the classroom that would otherwise be filled by a non-disabled child. **6** = other, specify_____	/___/ **Specify the choice**
3.10 Did other children maltreat you?	**1** = YES **2** = NO----------------->***go to Q. 3.12***	/___/ **Specify the choice**
3.11 If YES, what kind of maltreatment did you experience? (2 answers possible)	**1** = cursing, verbal abuse– (saying mean things) **2** = mockery, being picked on **3** = throwing stones or other objects **4** = being violent towards me: biting hitting, kicking, tripping etc. **5** = sexual harassment/violence **6** = other, specify_____	/___/ / /___/ **Specify the choice**
3.12 Did other parents maltreat you or complain about you going to school?	**1** = YES **2** = NO	/___/ **Specify the choice**
3.13 Which grade did you reach?	**Primary School** **1** = primary 1 **2** = primary 2 **3** = primary 3 **4** = primary 4 **5** = primary 5 **6** = primary 6 **Secondary School** **8** = secondary 1 **9** = secondary 2 **10** = secondary 3 **11** = secondary 4 or technical 1 **12** = secondary 5 or technical 2 **13** = secondary 6 or technical 3 **University or other tertiary education** **14** = university 1 or tertiary 1 **15** = university 2 or tertiary 2 **16** = university 3 or tertiary 3 **17** = university 4 or tertiary 4 **18** = other grade, specify_____	/___/___/ **specify the grade**
3.14 Were you able to learn something at school?	**1** = YES----------------->***go to Q. 3.16*** **2** = NO----------------->***go to Q. 3.15***	/___/ **specify the choice**

3.15 If NO, why not? **NB:** *Read the possible options (a-l), and specify for each whether the answer 'yes' (code 1) or 'no' (code 2) is given in the corresponding box.*	a. I could not hear b. I could not see c. It is complicated/I found it complicated d. I was not listening/ I was distracted e. class was too crowded f. there were no books, other materials g. they were not enough places to sit h. there were too many different level in the same class i. the teacher was not qualified j. I had to leave school because of war k. I could not come regularly because of work, distance l. Other, specify_____	**a** /___/ **b** /___/ **c** /___/ **d** /___/ **e** /___/ **f** /___/ **g** /___/ **h** /___/ **i** /___/ **j** /___/ **k** /___/ **l** /___/ **1** Yes **2** No
3.16 Would you like to go (back) to school/university?	**1** = YES **2** = NO------------------>*go to Q. 3.19* **3 = I am currently going to school** ----------------->*go to Q. 3.19*	/___/ **Specify the choice**
3.17 If YES, what prevents you from going to school now? (2 answers possible)	**1** = No school available **2** = No teacher available **3** = I would not be accepted because of my disability **4** = I have to work and feed my family/ I have to earn money to start a family (dowry) **5** = I am too old to go back to school/university **6** = I am not allowed by my parents/family member **7** = I am not allowed by my husband **8** = I have to take care of my child(ren) **9** = I have to take care of the house **10** = Lack of money **11** = Other, specify_____	/___/ / /___/ **specify 1st and 2nd choice by order of importance**
3.18 If YES, what would you like to learn? (2 answers possible)	**1** = to read and write **2** = English **3**= agriculture skills **4**= specific skill, specify_____ **5**= to run a business 6 = to work with a computer 7= other, specify_____	/___/ / /___/ **specify 1st and 2nd choice by order of importance**
3.19 Do you think education is useful?	**1** = YES **2** = NO------------------>*go to Q. 3.21*	/___/ **specify the choice**
3.20 If YES, for what reason? **N.B.:** *skip next question and go to Health*	**1** = it is useful for everyday life, to exchange with others **2** = it improves the prospects for finding a job **3** = I liked school **4** = I like to be with other children/persons **5** = I have a better position in society/ the community, I am recognized **6** = I want to be independent/ I want to be less of a burden on others **7** = it is important for personal progress/ because it is better for getting married/ I am more confident **8** = other, specify_____ _____	/___/ / /___/ **specify 1st and 2nd choice by order of importance**
3.21 If NO, for what reason?	**1** = school is useless **2** = it does not improve job prospects/ I am still jobless **3** = school is boring **4** = I am happy with the level I have achieved **5** = I was mistreated by the teachers **6** = I was mistreated by the other children **7** = other, specify_____	/___/ **specify the choice**

Introduce you now are going to ask questions about health: 'I am now going to ask you a few questions about health: your health, sexual health and access to health care. Some of these questions may be sensitive, but it is important that we ask this to get a good idea of the lives of people. We appreciate it greatly that you take the time to answer the questions.'
NOTE: don't read this sentence, but tell a person!!

4. Health

District	/___/___/
Village/town cluster	/___/___/___/
Household code	/___/___/
member code	/___/___/

4.1 Are you in good health?	**1** very good health **2** rather good health **3** rather poor health **4** very poor health	/___/ **specify the choice**
4.2 If you are sick, can you get medical care?	**1** YES **2** NO	/___/ **specify the choice**
4.3 Are you satisfied with the medical care you can get? **N.B.:** *Use the rice/faces scale and ask respondent to choose between 1 to 4 rice scale or the faces. Specify the answers.*	**1** very satisfied **2** rather satisfied **3** rather unsatisfied **4** completely unsatisfied	/___/ **specify the choice**

4.4 Where could you go in case of accident, injury or health problem? **N.B.:** *Read the possible options (a-l), and specify for each whether the answer 'yes' (code 1) or 'no' (code 2) is given in the corresponding box.*	**a.** private doctor	**a** /___/
	b. private Clinic	**b** /___/
	c. public/community Health Centre	**c** /___/
	d. hospital	**d** /___/
	e. pharmacy	**e** /___/
	f. someone who sells on the street, at the market	**f** /___/
	g. NGO	**g** /___/
	h. traditional medicine/healer	**h** /___/
	i. religious cure, prayer, etc specify_____	**i** /___/
	j. other, specify_____	**j** /___/
		1 Yes **2** No

4.5 What is the closest health care facility from your home? How much time does it usually take for you to reach the closest health care facility? (one way only)	Specify which facility is closest (from a to j from Q.4.4) Specify the duration it takes to go in hour and minutes, if less than an hour indicate only minutes.	/___/ /___/___/ hr /___/___/ min
4.6 How much did it cost for you to travel to this closest health facility last time you went?	Cost in Leones	/__/__/__/__/__/__/__/__/ specify SLL

4.7 What were your expenses for your health during the last year? **N.B.:** *State the options and specify if it the expense has been made 1=yes or not 2=no in the corresponding box of the first column. In the last column, specify the amount spent during the last year (i.e. before the date of the interview)..*	**a.** fees, donation	**a** /___/	**a** /__/__/__/__/__/__/__/
	b. medication	**b** /___/	**b** /__/__/__/__/__/__/__/
	c. medical test, X ray	**c** /___/	**c** /__/__/__/__/__/__/__/
	d. transportation	**d** /___/	**d** /__/__/__/__/__/__/__/
	e. food and bed	**e** /___/	**e** /__/__/__/__/__/__/__/
	f. assistive devices (glasses, crutches, hearing aid etc…)	**f** /___/	**f** /__/__/__/__/__/__/__/
	g. care taker	**g** /___/	**g** /__/__/__/__/__/__/__/
	h. Traditional or religious cure (eg amulets, herbs)	**h** /___/	**h** /__/__/__/__/__/__/__/
	i. other, specify_____	**i** /___/ **1** Yes **2** No	**i** /__/__/__/__/__/__/__/ in SLL

4.8 Have you been immunized (vaccinated)? **N.B.** *Whether a person has been **ever** immunized and against what.*	**1** YES, specify against what_____ _____ _____ can't remember _____ **2** NO	/___/ **specify the choice**

INTRODUCE THE TOPIC OF REPRODUCTIVE/SEXUAL HEALTH BEFORE CONTINUING WITH THE QUESTIONS. 'Now I am going to ask you a few questions about sexual health. These questions may be sensitive or difficult to answer, but it is important for our research that we also know about this. We would like to thank you for taking time to answer these questions.'		
4.9 Did you have sexual intercourse in the last year?	1. YES 2. NO	/___/ **specify the choice**
4.10 How many pregnancies and life births have you (or your partner) had? How many children do you have?	a. Number of pregnancies b. Number of life births c. Number of children	**a** /___/___/ **b** /___/___/ **c** /___/__/
4.11 Are you (or is your partner) pregnant at the moment?	1. YES 2. NO	/___/ **specify the choice**
4.12 Would you like to have a child now or in the near future?	1. YES 2. NO	/___/ **specify the choice**
4.13 Do you use any form of contraception?	1. no contraception 2. condom use 3. oral contraception, pill 4. injectable contraception 5. IUD (coil) 6. traditional methods (herbs) 7. rhythm method 8. other, specify_____	/___/ / /__/ **specify 1st and 2nd choice by order of importance**
4.14 If you or your wife/partner has/have been pregnant in the last 5 years, were you (was she) able to… **N.B.** *Only ask if the person or partner has been pregnant!!*	*a.* have/has not been pregnant in the last five years ------------------->***go to Q.5.4*** b. to go to an antenatal visit c. to have the birth attended by a trained birth attendant d. deliver in an hospital, clinic or other healthcare facility e. get care in case of health care need or emergency	**a** /___/ **b** /___/ **c** /___/ **d** /___/ **e** /___/ **1** Yes **2** No
4.15 Were you ever forced to have sex?	1. YES 2. NO	/___/ **specify the choice**
4.16 Have you ever been tested for HIV/AIDS or other sexual transmitted disease?	1. YES, HIV/AIDS 2. YES, Other, specify_____ 3. NO	/___/ **specify the choice**
4.17 If you want/need to be tested for HIV/AIDS or other sexual transmitted disease, do you know where to go?	1. there is nowhere to go 2. I know where to go, please specify_____ 3. I don't know where to go	/___/ **specify the choice**
4.18 Has anyone ever talked to you about sexuality, risk linked to HIV/AIDS and contraception? Who was it?	1. No, nobody 2. mother 3. father 4. partner/spouse 5. siblings (brother or sister) 6. other member of the family 7. friends 8. teacher 9. doctor or health care staff 10. someone else, specify_____	/___/ **specify the choice**

Introduce you now are going to ask questions about labour
'We have just talked about education and health. I would now like to answer a few questions about labour.'

5. Labour

District /____/____/
Village/town cluster /___/___/___/
Household code /___/___/
member code //___/___/

5.1 Do you do any household chores?	**1** = YES **2** = NO------------------->***skip to Q.5.4***	/___/ **specify the choice**

5.2 If YES, which ones? ***N.B.****: Ask for every chore (a-i) whether the person is doing this chore. In the corresponding box, enter YES (code 1) or NO (code 2).* *For instance, the respondent does cooking. In box 1, fill with 1=YES*	a. cooking b. cleaning c. fetching water d. taking care of elderly members of the family e. taking care of children of the family f. laundry g. groceries/everyday shopping h. cutting wood i. other, specify_____	**a** /___/ **b** /___/ **c** /___/ **d** /___/ **e** /___/ **f** /___/ **g** /___/ **h** /___/ **i** /___/ **1**=YES **2**=NO
5.3 How long does it take every day? ***N.B.****: Try to translate time in number of minutes how long it takes by task mentioned in question 5.2 above. For instance, if the respondent spends 1 hour cooking write 60 minutes.*	a. cooking b. cleaning c. fetching water d. taking care of elderly members of the family e. taking care of children of the family f. laundry g. groceries/everyday shopping h. cutting wood i. other, specify_____	**a** /___/___/___/ **b** /___/___/___/ **c** /___/___/___/ **d** /___/___/___/ **e** /___/___/___/ **f** /___/___/___/ **g** /___/___/___/ **h** /___/___/___/ **I** /___/___/___/ **specify time**
5.4 Do you do any work, any activity, any job including helping someone else with their work? NB: *include all kinds of jobs, including farming, begging. Be persistent, give examples.*	1 = YES------------------> *go to Q.5.9* 2 = NO----------------→ *go to Q. 5.5*	/___/ **specify the choice**
5.5 If NO, have you ever worked or had any activity or job?	1 = YES------------------> *go to Q.5.6* 2 = NO----------------→ *go to Q. 5.17*	/___/ **specify the choice**
5.6 If YES to Q 5.5, how long ago did you stop working? NB: *indicate in months. If it is less than a month ago just write 1*	**Indicate duration since he/she stopped in months**	/___/___/ **duration in months**
5.7 For how long did you work? *NB: indicate in months. For instance 3 years=36 months. If it is less than a month just write 1*	**Indicate duration since beginning of work in months**	/___/___/ **duration in months**
5.8 Why are you not working anymore? **NB:** *skip to 5.17!!!*	**1** = I was fired **2** = I quit because I was beaten/abused/exploited **3** = I am going to school now, no time left for work **4** = my boss is dead **5** = there is no work **6** = it was too tiring **7**= because of the war: destruction of village, work place, etc. **8** = the work did not pay enough money **9** = I did not enjoy my work **10** = other, specify_____	/___/___/ **specify the choice**
5.9 If YES to Q. 5.4, how long ago did you start working?	**Indicate duration since beginning of work in months**	/___/___/ **duration in months**
5.10 What is the type of employment of your work?	**1** = employed in a fixed job **2** = employed in occasional work **3** = helping someone with his/her work **4** = self employed **5** = odd jobs (rag-picking, bottle collecting...) **6** = small jobs (shoe polishing, newspaper vendor…) **7** = begging **8** = apprentice **9** = I have my own business and I have employees **10** =other, specify_____	/___/ **specify the choice**

5.11 How many hours per day, days per week, days per month did you work? *N.B.: write the usual number of hours per day, and then calculate the total with her/him per week. If s/he does not work every day, indicate the weekly total by multiplying the number of hours/day by the number of days/week. And ask the number of days in the last month.*	**Hours per day** **Days per week** **Days per month**	/___/___/ **Duration per day** /___/___/ **duration per week** /___/___/ **duration per month**
5.12 How much do you earn per day, per week, or per month? *N.B.: If the respondent has a monthly income, just specify per month. If the respondent has a small job with a daily income, specify per day. If he receives a weekly amount specify per week. If the respondent is a farmer or in another job with an irregular income, calculate an annual average and divide by number of months of the year.*	**Indicate the Amount in Leones** Per day Per week Per month	/___/___/___/___/___/ **SLL per day** /___/___/___/___/___/___/ **SLL per week** /___/___/___/___/___/___/ **SLL per month**
5.13 Besides this activity, do you have one or many other activities? *N.B.: For instance another job during the evening, or a seasonal job.*	**Indicate the number of other activities** (no other activities = 0) IF NO OTHER ACTIVITY: **skip to 5.16** /___/ **number of activities**	
5.14 How much do you earn per day per week or per month in this (these) activity(ies)? *NB: help to calculate if needed as above.*	Per day Per week Per month	/___/___/___/___/___/ **SLL per day** /___/___/___/___/___/ **SLL per week** /___/___/___/___/___/___/ **SLL per month**
5.15 If you are not paid, why not? (2 possible choices) *NB: Only if the respondent indicated above s/he was not paid. 2 possible answers*	**1** = I am just helping someone, I receive food **2** = I receive shelter **3** = I receive food and shelter **4** = I receive some goods, specify_____ **5** = I am forced to work for nothing **6** = other, specify _____	/___/ **/** /___/ **specify the choices**
5.16 Do you face any difficulty in your work place? Which difficulties? (2 possible answers)	**1** = I have no difficulty **2** = it is difficult to reach my work place **3** = the position(s) of work is(are) too tiring **4** = the tasks demanded is(are) too difficult **5** = the work is dangerous/risky for me **6** = I don't get on with my co-workers **7** = I am mistreated by my employer **8** = insufficient wage **9** = bribery and corruption are a problem **10** = bad weather **11** = other, specify_____	/___/ **/** /___/ **specify the choices**
5.17 How important is work to you?	**1** = not important -------------------->*go to Q.5.19* **2** = quite important **3** = very important	/___/ **specify the choice**
5.18 If important, why? *NB: go to 5.20*	**1** = I have no choice; I need to survive (to eat…) **2** = I have to feed my family **3** = I like to make money, I am independent **4** = I cannot go to school instead as I have no money **5** = All men need to work **6** = It is God will **7** = I enjoy working **8** = gives you something to do/keeps you busy **9** = other, specify _____	/___/ **specify the choice**
5.19 If not important, why not?	**1** = Only men need to work **2** = my family is rich enough I don't need to work **3** = I am busy with household chores **4** = I am busy taking care of children/elders **5** = other, specify _____	/___/ **specify the choice**
5.20 Would/Do you enjoy working? **NB:** *State the choices.*	**1** = Not at all **2** = A little **3** = quite a lot **4** = A lot	/___/ **specify the choice**

5.21 Do you have any other source of income?	**1** = Yes, specify _____ **2** = No	/___/ **specify the choice**
5.22 If you have the opportunity, would you like to work more than you do?	**1** = YES ----------------> ***go to Q.5.23*** **2** = NO ----------------> **go to Q. 5.28**	/___/ **specify the choice**
5.23 How long have you been looking for a job? NB: *specify 0 if the respondent is not looking.*	**Number of months looking for a job**	/___//___/___/ **specify number of months**
5.24. Why are you looking for a job/activity? NB: *2 possible answers.*	**1** = I need a job to earn my living **2** = I need to help my family by working **3** = I can't sustain my family with my main job only **4** = my job is temporary **5** = I want/need a better paid job **6** = I need better work conditions **7** = other, specify_____	/___/ /___/ **specify the choices**
5.25 What will you now do to find a job/activity? NB: *2 possible answers.*	**1** = I will ask a member of my family for a job **2** = I will ask a friend/neighbour/colleague **3** = I will ask people I met in the street or go from door to door **4** = I will check offers proposed in agencies **5** = I will ask for money (lent or given) from my family/friends to start an activity **6** = nothing, I will wait for a proposition **7** = I check advertisements in the newspaper **8** = other, specify_____	/___/ /___/ **specify the choices**
5.26 How long are you willing to work as a maximum (per day and per week)?	**Number of hours by day** **Number of days by week**	/___/___/ **Duration** per day /___/___/ **duration per week**
5.27 What minimum wage do you expect to earn by month for such a job?	**Minimum wage per month in Leones**	/_____/ **SLL per month**
5.28 Do you agree with the following statement: "Overall persons with disabilities face more barriers to getting a job than non-disabled people;"?	**1** = agree **2** = disagree **88** = I don't know	/___/ **specify the choice**

Introduce you now are going to ask questions about livelihood.

6. Livelihood

District /___/___/
Village/town cluster /___/___/___/
Household code /___/___/___/
member code /___/___/

6.1 How often do you get enough to eat? ***N.B.:*** *please state choices*	**1** always enough **2** sometimes not enough **3** frequently not enough **4** always not enough **5** always enough but with poor quality	/___/ **specify the choice**
6.2 How many meals a day do you have?	**Specify the number of meals a day**	/___/ **specify the number**
6.3 Do you have access to a safe drinking water source?	1 YES 2 NO	/___/ **specify the choice**
6.4 What is the main source of drinking water for your household? *N.B can be two choices*	**1** piped into residence/ compound/ plot **2** public tap/standpipe **3** hand pump in residence/compound/ plot **4** public hand-pump **5** well in residence/compound/ plot **6** open well **7** spring **8** rain water **9** river/ stream **10** tanker/ truck **11** pond / lake **12** still water: dam **13** other, specify_____	/___/ / /___/ **specify the choice**

6.5. How long on average does it take to fetch drinking water? (length of time per round trip)	**Indicate in minutes (**write 0 if the water source is within the house or the compound**)**	/____/____/ min
6.6 What fuels is mainly used at home to cook food?	**1** firewood **2** stove with kerosene/petrol **3** dung **4** charcoal **5** gas **6** electricity **7** other, specify_____	/___/ **specify the choice**
6.7 What kind of toilet facility does your household have?	**1** private flush inside **2** private flush outside **3** shared flush **4** traditional pit **5** open backed **6** open defecation field outside the house **7** other, specify_____	/___/ **specify the choice**
6.8 How many rooms are there in your household (excluding kitchen)?	**Specify number of rooms**	/___/___/ **specify number**

6.9 Does any member of the household own any of the following? How many do you have? **N.B.:** *Read the possible options (a-l), and specify for each whether the answer 'yes' (code 1) or 'no' (code 2) is given in the corresponding box.*	**a.** radio, music player	**a** /___/	**a** /___/___/
	b. television	**b** /___/	**b** /___/
	c. video	**c** /___/	**c** /___/___/
	d. mobile phone	**d** /___/	**d** /___/
	e. pots and pans	**e** /___/	**e** /___/___/
	f. refrigerator	**f** /___/	**f** /___/
	g. bed net	**g** /___/	**g** /___/
	h. bicycle	**h** /___/	**h** /___/
	i. motorbike	**i** /___/	**i** /___/
	j. car or truck	**j** /___/	**j** /___/___/
	k. tractor	**k** /___/	**k** /___/___/
	l. generator	**l** /___/	**l** /___/
	m. kerosene lamp	**m** /__/	**m /___/**
	n. sewing machine	**n** /___/	**n** /__/
	o. house or apartment	**o** /___/	**o** /___/
	p. plantation or farm	**p** /___/	**p** /___/
		1 Yes **2** No	Number of units
6.10 Do you own any of the following animals? **N.B.:** *Read the possible options (a-l), and specify for each whether the answer 'yes' (code 1) or 'no' (code 2) is given in the corresponding box. In the last column, specify the number of animals own.*	**a.** sheep	**a** /___/	**a** /___/___/
	b. cows	**b** /___/	**b** /___/___/
	c. goats	**c** /___/	**c** /___/___/
	d. horses	**d** /___/	**d** /___/___/
	e. donkeys	**e** /___/	**e** /___/___/
	f. chickens/ducks/turkeys	**f** /___/	**f** /___/___/
	g. pigs	**g** /___/	**g** /___/___/
	h. Guinea fowls	**h** /___/	**h** /___/___/
		1 Yes **2** No	Number of units
6.11 Does any member of the household own land?	**Specify how many acres/townlots* (0 if no land owned)** ***N.B.** delete as appropriate*	/___/___/___/ specify amount
6.12 Do you need any services or support?	**1.** **YES** ---------------> *go to Q.6.13* **2.** **NO** ----------------> *go to Q.6.15*	/___/ specify answer

6.13 Do you have access to any of the following services or equipment if needed? **N.B.** *Read each option and state whether the person says YES (code 1) or NO (code 2)*	a. social welfare and benefits	**a** /___/
	b. rehabilitation services	**b** /___/
	c. community based rehabilitation (CBR) or community based services (CBS)	**c** /___/
	d. religious support	**d** /___/
	e. assistive devices (eg crutches, hearing aids, walking stick), specify_____	**e** /___/
	f. services by an NGO, specify_____	**f** /___/
	g. Other, specify_____	**g** /___/
6.14 Where would you go if you need services or support?	a. government	**a** /___/
	b. private services	**b** /___/
	c. NGO	**c** /___/
	d. organization for persons with disabilities	**d** /___/
	e. religious organization (church, mosque, etc)	**e** /___/
	f. family/friends	**f** /___/
	g. traditional society	**g** /___/
	h. other, specify _____	**h /___/** **1** Yes **2** No
6.15 Do you consider yourself to be disabled?	1. YES 2. NO ----------------->***go to Q. 7.1***	/___/ **specify choice**
6.16 What are the causes of your difficulty(ies)? (2 possible answers)	1. from birth or during the first year, (genetic, illness or accident at birth:_____) 2. old age 3. war injury: amputation or other intentional injury (eyes/ear/nose damage, etc) during the conflict 4. war injury other than amputation etc: (bullet, grenade, bomb, booby trap) 5. work accident, specify_____ 6. home accident, specify_____ 7. road accident, specify_____ 8. disease, specify_____ 9. victim of crime or violence, specify_____ 10. my mother's health during pregnancy was bad 11. my mother did not have good/enough blood 12. it is my destiny 13. it is a curse of God or black magic 14. after a tragic personal event, specify _____ 15. other, specify_____	/___/___/ **/** /___/___/ specify 2 answers
6.17 At what age did your difficulty start?	*specify the age in years (or approximate if the person cannot remember exactly)*	/___/___/ age in years

Introduce you now are going to ask a few final questions about social participation.

7. Social participation

District /___/___/
Village/town cluster /___/___/___/
Household code /___/___/
Member code /___/___/

7.1 Do you have any community responsibility?	1 YES----------------->***go to Q. 7.2*** 2 NO----------------->***go to Q. 7.3***	/___/ **specify the choice**
7.2 If YES, which one? **N.B.**: *Read the possible options (a-l), and specify for each whether the answer 'yes' (code 1) or 'no' (code 2) is given in the corresponding box.*	**a** traditional head/town chief **b** women's leader **c** youth leader **d** TBA (traditional birth attendant)/midwife **e** paramount chief **f** section chief **g** section speaker **h** town crier **i** traditional healer **j** councilor **k** development committee member **l** Leader of a traditional society **m** Religious leader **n** other, specify_____	**a** /___/ **b** /___/ **c** /___/ **d** /___/ **e** /___/ **f** /___/ **g** /___/ **h** /___/ **i** /___/ **j** /___/ **k** /___/ **l** /___/ **m**/___/ **n**/___/ **1** Yes **2** No
7.3 If NO, what prevents you from holding responsibility in the community? *(2 possible answers)*	**1.** I did not wish to hold any responsibility **2.** I tried but I was rejected because of my disability **3.** I think I would be rejected **4.** I was afraid to do so **5.** I cannot get around, lack of transport/inaccessible transport **6.** the premises are not accessible **7.** the attitude of other community leaders put me off **8.** other, specify_____	/___/ / /___/ **specify the choice**
7.4 Do you participate in community activities?	1 YES----------------->***go to Q. 7.5*** 2 NO----------------->***go to Q. 7.6***	/___/ **specify the choice**
7.5 If YES, which ones? **N.B.**: *Read the possible options (a-l), and specify for each whether the answer 'yes' (code 1) or 'no' (code 2) is given in the corresponding box.* **-------------> Skip to Q.7.8**	**a** petty trading **b** music **c** fishing **d** Village loan schemes (village savings) **e** community farming **f** hair dressing **g** social clubs **h** sports **i** religious activities **j** traditional society activities **k** other, specify_____	**a** /___/ **b** /___/ **c** /___/ **d** /___/ **e** /___/ **f** /___/ **g** /___/ **h** /___/ **i** /___/ **j**/___/ **k**/___/ **1** Yes **2** No

7.6 If NO, what prevents you from participating in the community's activities? ***N.B.:*** *Read the possible options (a-l), and specify for each whether the answer 'yes' (code 1) or 'no' (code 2) is given in the corresponding box.*	1. I did not wish to participate 2. I tried but I was rejected because of my disability 3. I think I would be rejected 4. I was afraid to do so 5. I cannot get around, lack of transport/inaccessible transport 6. the premises are not accessible 7. the attitude of other community members put me off 8. other, specify_____	/___/ / /___/ **specify the choice**
7.7. If NO to community participation (Q.7.4): **What changes would have to be made for you to participate (more) in community activities?** ***N.B.:*** *Read the possible options (a-l), and specify for each whether the answer 'yes' (code 1) or 'no' (code 2) is given in the corresponding box.*	a. change in attitudes b. make premises accessible c. adapt or change activities d. to give me some assistive devices e. local by-laws/legislation about equal participation f. to have the opportunity to show what I can do g. other, specify_____	**a** /___/ **b** /___/ **c** /___/ **d** /___/ **e** /___/ **f** /___/ **g** /___/ **1** Yes **2** No
7.8. Do you have friends?	1 none------------------>***go to Q. 7.9*** 2 a few------------------>***go to Q. 7.10*** 3 many------------------>***go to Q. 7.10***	/___/ **specify the choice**
7.9 If NO, why not?	1. I am rejected because I am disabled 2. I like to stay on my own 3. Other people do not want to be my friend 4. I cannot participate in other peoples activities because of accessibility 5. I cannot participate to other people activities because of my impairment/difficulties/limitations 6. other, specify_____	/___/ / /___/ **specify the choice**
7.10 Has anyone ever maltreated you?	1 YES------------------>***go to Q. 7.11*** 2 NO------------------>***go to Q. 7.14***	/___/ **specify the choice**

			If YES, when was it?	If YES, how many times?
7.11 Has anyone ever maltreated you – for instance… ***N.B.:*** *Read the possible options (a-l), and specify for each whether the answer 'yes' (code 1) or 'no' (code 2) is given in the corresponding box.*	a. bad language/verbal abuse b. laughed at you c. pushed you around/ physical abuse d. hit/bear you/ physical abuse e. raped/sexually abused you f. wounded you g. tortured you (e.g. tied you up, locked you up etc)/physical or mental abuse	**a** /___/ **b** /___/ **c** /___/ **d** /___/ **e** /___/ **f** /___/ **g** /___/ **1** Yes **2** No	**a** /___/ **b** /___/ **c** /___/ **d** /___/ **e** /___/ **f** /___/ **g** /___/ **1** this week **2** this month **3** this year **4** more than one year	**a** /___/ **b** /___/ **c** /___/ **d** /___/ **e** /___/ **f** /___/ **g** /___/ **1** once **2** a few times **3** often **4** always

7.12 If YES, Who was/is it? *N.B.:* 2 possible choices. This question is about is **overall** mistreatment.	1. mother 2. father 3. sister 4. brother 5. uncle, aunt 6. grandparents 7. in-laws 8. spouse/partner 9. children 10. other member of family, *specify_____* 11. teacher 12. community leader 13. other member of the community, *specify_____* 14. friend 15. person in a NGO 16. gunmen, militia, police 17. other, *specify_____*	/___/ **/** /___/ **specify the choice**
7.13 What do (did) you do after? *N.B.:* 2 possible choices.	1. nothing, I don't know what to do 2. nothing, I am afraid of having more problems 3. I abused them/fought back 4. I keep quiet all the time 5. I try to stay away from the person 6. I complained to another member of family, specify_____ 7. I went to see an association (eg NGO/DPO) for help, specify _____ 8. I went to see a member of the community for help, specify _____ 9. I went to the police. 10. Other, specify_____	/___/ **/** /___/ **specify the choice**
7.14 Are you a member of a traditional society?	1 YES 2 NO	/___/ **specify the choice**
7.15 Do you think persons with disabilities should have the same rights as everyone else in Sierra Leone? *N.B.:* State the answers and specify 1=YES if it is a right persons with disabilities should have according to the respondent and 2= NO if it not	a. right to vote b. right to education c. right to good health d. right to work e. right to express themselves/say what they want f. right to get married and have children g. right to move around freely h. right to inheritance	a /___/ b /___/ c /___/ d /___/ e /___/ f /___/ g /___/ h /___/ **1** Yes **2** No

NOTE: Thank the person for his/her participation. Ask whether there is any other thing she or he would like to say that has not been included in the questionnaire. Also leave a bit of time before leaving in case the person wants to tell you more about what happened to them.