

# Household Survey Sheets

## Health and Functioning

	Name	Code
Province		
District		
Village / Block		

	Surveyors' name:	Phone number:
1.		
2.		

	Master Trainer name:	Phone number:
1.		
2.		

For office use only	
Received Date	
Checked by	
Checked Date	
Entered by	
Entered Date	

HOUSEHOLD SURVEY SHEET

HH ID:

Province	
District/Agency	
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Union Council	
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VI) Health and Functioning																													
Child Serial No	Name of child Children of 3-16 age group regularly living in the household)	1) Does your child have difficulty seeing, even if wearing glasses?				2) Does your child have difficulty hearing, even if wearing hearing aids?				3) Does your child have difficulty walking, compared with children of the same age?				4) Does your child have difficulty with self care such as feeding or dressing him/herself, compared with children of the same age?				5) Does your child have difficulty in being understood by others using customary/usual language, compared with children of the same age, ?				6) Does your child have difficulty in remembering things that he/she has learned, compared with children of the same age?				7) Does your child use any aids and appliances (tick as many as applicable)			
		No difficulty in seeing	Yes – some difficulty	Yes – a lot of difficulty	Cannot see at all	No difficulty in hearing	Yes – some difficulty	Yes – a lot of difficulty	Cannot hear at all	No difficulty in walking	Yes – some difficulty	Yes – a lot of difficulty	Cannot walk at all	No difficulty in self care	Yes – some difficulty	Yes – a lot of difficulty	Cannot take care of self at all	No difficulty in being understood by others	Yes – some difficulty	Yes – a lot of difficulty	Cannot take be understood by others at all	No difficulty in being remembering thins	Yes – some difficulty	Yes – a lot of difficulty	Cannot remember things at all	Glasses	Hearing aids	Mobility aids (such as crutches, wheel chair etc)	others

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## VI) Health and Functioning

[illegible]

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[illegible]

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