

**MALAWI WASH AND DISABILITY SURVEY 2014**

LSHTM/Centre for Social Research, University of Malawi/Centre of Excellence in Water and Sanitation, Mzuzu University/WEDC

AusAid

**BASELINE HOUSEHOLD SCREENING QUESTIONNAIRE**

**A. COVERSHEET**

TA NO:  (Insert number in box)

- 1 = CHIKULAMAYEMBE
- 2 = KATUMBI
- 3 = ZOLOKERE

Date: \_\_\_/\_\_\_/\_\_\_  
Day Month Year

TA NAME: \_\_\_\_\_

GVH NAME: \_\_\_\_\_

DISTRICT: RUMPHI

**COMPLETE  
COVERSHEET IN  
CAPITALS**

VILLAGE/PLACE: \_\_\_\_\_

VILLAGE NO:

HOUSEHOLD NO:

Interviewer's initials

HOUSEHOLD HEAD NAME \_\_\_\_\_

**BASELINE HOUSEHOLD SCREENING QUESTIONNAIRE - COMPLETION INSTRUCTIONS**

*This questionnaire is to be administered to the mother/primary caregiver of the household. If no such person is available, administer to the another adult female. If no such person is available, administer to the head of household*

Name of person interviewed \_\_\_\_\_ (INSERT NAME) *In capitals*  
(First name and surname)

Person interviewed: 1 = Mother/Primary Caregiver  **Circle one answer only**  
2 = Other adult female  
3 = Other (please specify) \_\_\_\_\_ (Insert description of person)

Availability for household survey: 1 = Available for survey  **Circle one answer only**  
2 = Not available  
3 = Refused

Total number of household members (All ages)  (From the Household Roster - Section B)

Total no of household members identified to have a disability (aged 2 yrs and above)

Line No of person with a disability	Availability for observation		
	1 = Available	2 = Not available	3 = Refused
	1	2	3
	1	2	3
	1	2	3
	1	2	3
	1	2	3
	1	2	3

Identify Line No. of person with a disability (Aged 2 yrs and above) number from HH Roster

SUPERVISOR	CHECKED BY	KEYED BY
Date		

B. HOUSEHOLD ROSTER									
Line No	1. First make a full list of all household members who usually reside in the household (eat, sleep and share meals together) and have lived in the household for <u>3 months or more</u>	2. GENDER		3. AGE	4. MARITAL STATUS ≥ 15 years	5. Education (AGED 5+)	CHILD AGED 2-4	CHILD 5-17 yrs	ADULTS 18+
	List the household head first					What is the highest level of school (NAME of person) has attended? (SEE CODES BELOW)			
Line No.	Person's Name <i>List first name and family name</i>  WRITE IN CAPITALS	1=Male 2=Female	Enter Age (In years)  If <1 yr, enter 00		1= Married/Living together 2=Divorced/separated 3=Widowed 4=Never married and never lived together 5 = N/A e.g. Less than 15 years old or not married	Highest level of school (NAME) has attended? SEE CODES	MARK with an X in the box if the child is aged between 2-4	MARK with an X in the box if the child is 5-17 yrs	MARK with an X in the box if the individual is 18+
01	INSERT NAME OF HOUSEHOLD HEAD	1	2						
02		1	2						
03		1	2						
04		1	2						
05		1	2						
06		1	2						
07		1	2						
08		1	2						
09		1	2						
10		1	2						
11		1	2						
12		1	2						
13		1	2						
14		1	2						
15		1	2						
16		1	2						
COMPLETE TOTAL OF ALL HOUSEHOLDS MEMBERS AGED 0 AND ABOVE							TOTAL NO CHILD AGED 2-4 yrs	TOTAL NO CHILD AGED 5-17 yrs	TOTAL NO ADULTS 18+

Codes - Level  
0 = Nursery/Kindergarten  
1 = Primary  
2 = Post-Primary, Vocational  
3 = Secondary, A-Level  
4 = College (Middle Level)  
5 = University  
6 = Don't Know  
7 = Not Applicable (Less than 5 yrs)  
99 = No School/Never attended

C1. SCREENING QUESTIONS (CHILDREN AGED 2 - 4 years)

PARENTAL REPORT

LINE NO	NAME OF PERSON	AGE	1a). DOES NAME WEAR CONTACT LENSES OR GLASSES?	1b) Does [name] have difficulty seeing?	1c). Does [name] have difficulty seeing, WHEN WEARING HIS OR HER GLASSES?	2a). DOES NAME USE A HEARING AID?	2b). Does [name] have difficulty hearing?	2c). Does [name] have difficulty hearing, WHEN USING HIS/HER HEARING AID?	3). Compared with children of the same age, does name have difficulty walking?	5a). Does name have difficulty understanding you?	6a). Do you have difficulty understanding what your child wants?	7a). Compared with children of the same age, does name have difficulty learning the names of common objects?	7b). Compared with children of the same age, does name have difficulty learning to do new things?	8. Does this person have a disability [a lot/unable to do one activity (3 or 4)]	9. Mark with an X if the person is a CASE		
	WRITE FIRST NAME AND LAST NAME	CHILD AGED 2-4	CHILD AGED 2-4	CHILD AGED 2-4	CHILD AGED 2-4	CHILD AGED 2-4	CHILD AGED 2-4	CHILD AGED 2-4	CHILD AGED 2-4	CHILD AGED 2-4	CHILD AGED 2-4	ONLY FOR CHILD AGED 2-3 yrs	ONLY FOR CHILD AGED 3-4				
			0 = No (Go to 1b) 1 = Yes (Go to 1c)	IF CHILD DOES NOT WEAR GLASSES - If NO to Q1a	IF THE CHILD WEARS GLASSES - If YES to Q1a	0 = No (Go to 2b) 1 = Yes (Go to 2c)	IF CHILD DOES NOT USE A HEARING AID If no to Q2a	IF CHILD USES A HEARING AID - If YES to Q2a				NOTE AGE INSTRUCTIONS ABOVE	NOTE AGE INSTRUCTIONS ABOVE				
			0 = No 1 = Yes	1 = No difficulty 2 = Some difficulty 3 = A lot of difficulty 4 = Cannot do at all		0 = No 1 = Yes	(1 = NO DIFFICULTY) (2 = SOME DIFFICULTY) (3 = A LOT OF DIFFICULTY) (4 = UNABLE TO DO AT ALL)								0 = No 1 = Yes	Enter X in box if a CASE	
			0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	0 1			
			0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	0 1			
			0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	0 1			
			0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	0 1			
			0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	0 1			
			0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	0 1			
				1b	1c		2b	2c	3	5a	6a	7a	7b				
			INSTRUCTION if 1b or 1c = 3 or 4 - Person is a CASE			INSTRUCTIONS: Person = A CASE if they score 3 = "A lot of difficulty" OR 4 = "Cannot do at all" for the following questions 1b, 1c, 2b, 2c, 3, 5a, 6a, 7a and 7b. Person is a CASE											

**C2. SCREENING QUESTIONS (CHILDREN AGED 5 - 17 years)**

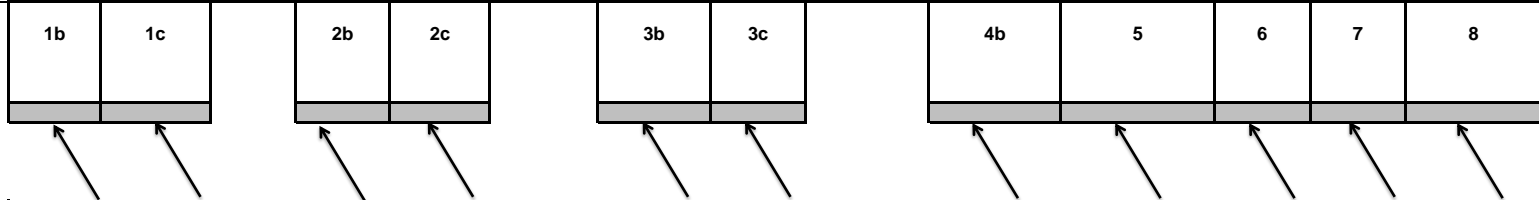
**CHILD REPORT (PARENT REPORT IF CHILD UNAVAILABLE)**

Line no	NAME OF PERSON	AGE	1a). DOES NAME WEAR GLASSES OR CONTACT LENSES?	1b) Does [name] have difficulty seeing?	1c). Does [name] have difficulty seeing, EVEN IF WEARING GLASSES?	2a). DOES NAME USE A HEARING AID?	2b). Does [name] have difficulty hearing?	2c). Does [name] have difficulty hearing, WHEN USING HIS/HER HEARING AID?	3). Compared with children of the same age, does name have difficulty walking?	4). Compared with children of the same age, does name have difficulty with self care such as feeding or dressing himself/herself?	5b). Compared with children of the same age and using [his/her] usual language, does name have difficulty understanding other people?	6b). Compared with children of the same age and using [his/her] usual language, does name have difficulty being understood by other people?	7b). Compared with children of the same age, does name have difficulty learning to do new things?	8). Compared with children of the same age, does name have difficulty remembering things that they have learned?	Screening			
															9. Does this person have a disability [ 'a lot/unable' to do one activity (3 or 4) ]	10. Mark with X person who is a 'case'		
			0 = No (Go to Q1b) 1 = Yes (Go to Q1c)	IF THE CHILD DOES NOT WEAR GLASSES - If NO to Q1a	IF THE CHILD WEAR GLASSES - If YES to Q1a	0 = No (Go to Q2b) 1 = Yes (Go to Q2c)	IF CHILD DOES NOT USE A HEARING AID - If NO to Q2a	IF THE CHILD USES A HEARING AID - If YES to Q2a										
			0 = No 1 = Yes	1 = No difficulty 2 = Some difficulty 3 = A lot of difficulty 4 = Cannot do at all		0 = No 1 = Yes	(1 = No difficulty) (2 = Some difficulty) (3 = A lot of difficulty) (4 = Cannot do at all)								0 = No 1 = Yes	Mark with a X if a CASE		
			0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	0 1		
			0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	0 1		
			0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	0 1		
			0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	0 1		
			0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	0 1		
			0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	0 1		
			0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	0 1		
				<b>1b</b>	<b>1c</b>		<b>2b</b>	<b>2c</b>	<b>3</b>	<b>4</b>	<b>5b</b>	<b>6b</b>	<b>7b</b>	<b>8</b>				
			INSTRUCTION: If 1b or 1c = 3 or 4 - Person is a CASE			INSTRUCTIONS: Person = A CASE if they score 3 = "A lot of difficulty" OR 4 = "Cannot do at all" for the following questions 1b, 1c, 2b, 2c, 3, 4, 5b,6b,7b,8. Person is a CASE.												

**C3. SCREENING QUESTIONS**

**ADULTS (AGED 18 years and above)**

Line no	NAME OF PERSON	AGE	1a). DOES NAME WEAR GLASSES OR CONTACT LENSES?	1b) Does [name] have difficulty seeing?	1c). Do you have difficulty seeing, EVEN WHEN WEARING GLASSES/CONTACT LENSES	2a). DOES [NAME] USE A HEARING AID?	2b). Does [name] have difficulty hearing?	2c). Does [name] have difficulty hearing, EVEN WHEN USING THEIR HEARING AID?	3a) DOES [NAME] USE ANY EQUIPMENT OR RECEIVE HELP FOR GETTING AROUND?	3b) Does [name] have difficulty walking or climbing stairs?	3c) Does [name] have difficulty walking or climbing stairs, even when using your equipment or with help?	4a) DOES [NAME] USE SIGN LANGUAGE?	4b) Using your usual language, does [name] have difficulty communicating, for example understanding or being understood?	5) Does [name] difficulty remembering or concentrating?	6) Does [name] difficulty with self care, such as washing all over or dressing?	7) Does [name] have difficulty raising a 2 litre bottle of water or soda from waist to eye level?	8) Does [name] have difficulty using their hands and fingers, such as picking up small objects, for example a button or pencil, or opening or closing containers or bottles?	9. Does this person have a disability [ 'alot/unable' to do one activity ( 3 or 4)]	10. Mark with X person who is a 'case'	
			0 = No (Go to Q1b) 1 = Yes (Go to Q1c)	IF PERSON DOES NOT WEAR GLASSES - If NO to Q1a	IF PERSON WEARS GLASSES - If YES to Q1a	0 = No (Go to Q2b) 1 = Yes (Go to Q2c)	IF THE PERSON DOES NOT USE HEARING AID - If NO to Q2a	IF THE PERSON USES A HEARING AID - If YES to Q2a	0 = No (Go to Q3b) 1 = Yes (Go to Q3c)	IF THE PERSON DOES NOT USE EQUIPMENT - If NO to Q3a	IF THE PERSON USES EQUIPMENT - If YES to Q3a	0 = No 1 = Yes	1 = No difficulty 2 = Some difficulty 3 = A lot of difficulty 4 = Cannot do at all	0 = No 1 = Yes	( 1 = No difficulty) (2 = Some difficulty) (3 = A lot of difficulty) (4 = Cannot do at all)					0 = No 1 = Yes
			0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	0 1	
			0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	0 1	
			0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	0 1	
			0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	0 1	
			0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	0 1	
			0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	0 1	
			0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	0 1	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	0 1	



**INSTRUCTIONS: Person = A CASE if they score 3 = "A lot of difficulty" OR 4 = "Cannot do at all" for the following questions 1b, 1c, 2b, 2c, 3b, 3c, 4b, 5,6,7,8.**