

B. Information relating to limitations, original impairments, aid received and not received and illnesses diagnosed

Interviewer:

Please see section E of the Household Questionnaire and write out from the table of limitations the codes corresponding to the limitations.....

Next ask question 1 and show the TDOM card to the interviewee, completing the corresponding original impairment. If one limitation has the same origin as several impairments, please make a note of the main impairment.

1. What is the original impairment of each limitation?

Limitations	1	2	3	4	5	6
	□□	□□	□□	□□	□□	□□
Original impairment						
	□□	□□	□□	□□	□□	□□

Limitations	7	8	9	10	11	12
	□□	□□	□□	□□	□□	□□
Original impairment						
	□□	□□	□□	□□	□□	□□

Interviewer, please read the following to the informant: Next I will ask you some questions on aid received and other aspects of the limitation.

2. Does he/she receive supervision or personal assistance, or any technical assistance?

- Yes, only supervision or personal assistance. _____ 1 → P3
- Yes, only technical aid. _____ 2
- Yes, both types of aid _____ 3
- No _____ 4 → P6
- } → P4

3. Does he/she regard him/herself as requiring technical assistance?

- Yes _____ 1
- No _____ 6
- } → P5

4. Do you regard the technical assistance that he/she receives or uses currently meets his/her needs?

Yes _____ 1
No, they are insufficient ____ 6

5. What overall difficulty would you say he/she has in carrying out daily activities appropriate to his/her age when he/she receives technical or personal assistance?

No difficulty _____ 1
Moderate difficulty _____ 2
Serious difficulty _____ 3
Unable to carry out daily activities ____ 4

} → P8

6. Do you regard him/her as requiring technical assistance?

Yes _____ 1
No _____ 6

7. What overall difficulty would you say he/she has in carrying out daily activities appropriate to his/her age?

Moderate difficulty _____ 2
Serious difficulty _____ 3
Unable to carry out daily activities ____ 4

8. What age was he/she when you first suspected issues regarding his/her development?

Years _____ 1 |__|
Months _____ 2 |__|__|

9. What is the origin of the impairment ? ?

Interviewer: *If the child has more than one impairment, please ask about the main one*

A congenital problem _____ 1
A problem arising at birth _____ 2
An illness _____ 3
Other causes _____ 4

} → P11

10. What age was he/she when the impairment started?

Years _____ 1 |__|
Months _____ 2 |__|__|

11. Have you been diagnosed with any of the following illnesses?

	YES	NO
1. Spina bifida/hydrocephaly _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
2. Down's syndrome _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
3. Autism and other disorders associated with autism _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
4. Cerebral paralysis _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
5. Brain damage _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
6. Mental disorder _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
7. Spinal cord injury (tetraplegia, paraplegia....) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
8. Agenesis/Amputation _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
9. Other congenital malformation _____	<input type="checkbox"/> 1	<input type="checkbox"/> 6
10. Rare illnesses _____		

12. How many children had the mother had before you were born ? Please give the total number of children which the mother of the child had had before his or her birth, both currently alive and deceased.

No. of children _____ |__|__|

13. What age was the mother when was born? ?

- Under 20 years old _____ 1
- Between 20 and 29 years _____ 2
- Between 30 and 34 years _____ 3
- Between 35 and 39 years _____ 4
- 40 years or more _____ 5

C. Information relating to changes in residence and membership of NGOs, as a result of a limitation.

Interviewer, please read the following to the informant: Next I will ask you some questions regarding possible changes of residence and membership of NGOs.

1. Have you, due to a(n) limitation ever had to change dwelling and/or place of residence?

Yes _____ 1
No _____ 6 → P3

2. What was the main reason for the change of residence and/or dwelling?

- To enter a collective establishment for a period greater than 6 months _____ 1
- To have better access to health and social resources _____ 2
- Environmental reasons _____ 3
- To receive family care _____ 4
- Due to obstacles on entering and leaving home _____ 5
- Due to obstacles within the home _____ 6
- Other reasons _____ 7

3. As a result of having a limitation, are you or your family members of an NGO aimed at disabled persons?

Yes _____ 1
No _____ 6 → Section D

4. What NGO do you belong to on the grounds of his/her limitation? Interviewer: Please note literals and codes.

1..... |__|__|
2..... |__|__|

D. Information relating to health, social and economic benefits.

Interviewer: *please read to the informant* This section refers exclusively to those services received due to one or more limitations suffered by the child dealt with in the interview, and not to services received due to other health problems.

1. Do you regard him/her as requiring early learning treatment (stimulation, physiotherapy, speech therapy, ...)?

Yes, he/she requires and receives it _____ 1

Yes, he/she requires it but doesn't receive it _____ 2

He/she does not need it _____ 3

2. As a result of a limitation, have you received.....any economic or tax-related benefit in the last 12 months?

Yes _____ 1

No _____ 6

E. Information relating to personal care received by children with a limitation.

Interviewer: *Please refer to the answer provided for question 2 in Section B. If you have marked option 1(yes, only supervision or personal assistance) or 3 (yes, both types of aid) please go to the note preceding question 3.*

1. Does he/she you require personal assistance or care due to his/her limitations?

Yes _____ 1

No _____ 6 → Section F

2. Who do you believe should provide this assistance?

1. Social or health professional _____ 1

2. Another person (family member, non-social or health staff) 2

3. Both _____ 3

} → Section F

Interviewer, please read the following to the *informant*: I shall ask you about the person(s) providing personal care.....due to his/her limitations.

3. Does any person residing in the household and not employed within the household provide special care to due to his/her limitation(s)? Interviewer: Please note his/her order number(s).

Yes _____ 1 → Order No. |__|__| |__|__| |__|__| |__|__|

No _____ 6

4. Does any person residing in the household and not employed within the household provide special care to due to his/her limitation(s)

Yes _____ 1 → Order N° 1 |__|__| → Is he or she a social or health professional? Yes No

2 |__|__| → Is he or she a social or health professional? Yes No

3 |__|__| → Is he or she a social or health professional? Yes No

No _____ 6

5. Does any person not residing in the household provide special care to due to his/her limitation(s)?

Yes _____ 1

No _____ 6 → P7

6. Which persons not residing in the household provide special care to.....due to his/her limitation(s)?

His/her mother _____ 01

His/her father _____ 02

His/her sister _____ 03

His/her brother _____ 04

His/her grandmother _____ 05

His/her grandfather _____ 06

Other relatives _____ 07

Non-resident employees who are social or health professionals 08

Other household employees _____ 09

Friends or neighbours _____ 10

Public Administration social services _____ 11

Non-public body social services _____ 12

Private companies _____ 13

Others _____ 14

7. How many hours a day on average does he/she receive special care from other persons due to his/her limitation(s)? This excludes care and services received at centres

No. hours _____ |__|__|

8. Do you regard the special care he/she receive due to his/her limitation(s) meet his or her needs?

Yes _____ 1

No, it is insufficient _____ 6

He or she does not require assistance from other persons. _____ 8 → P10

9. Who do you believe should provide this special care?

1. Social or health professional _____ 1

2. Another person (family member, non-social or health staff) 2

3. Both _____ 3

10. If more than one person provides care, who is mainly dedicated to doing so?

1. A person residing in the household and not employed in the household→ please note his/her name and order number

.....

2. A person residing in the household and employed in the household→ please note his/her name and order number

.....

3. A person residing in the household and not employed in the household→ please note his/her name and code from question 5

..... 9

4. A person residing in the household and employed in the household→ please note his/her name and code from question 5 (only options 08 or 09)

..... 9

Thank you very much for taking time to assist us

F. Time the interview ended and date of completion of this questionnaire.

1. Time the interview ended	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hour	Minutes
2. Date of completion of this questionnaire	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Day	Month
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Year

Please refer to the answer provided for question 2 in Section B. Please remember, if you have marked option 1 or 3 in the aforementioned question, you must answer a Main carer(s) questionnaire, referring to the main carer of this child.