Disability, Independence and Dependency Situations Survey.
Limitations Questionnaire

Children under 6 years of age (from 0 to 5 years)

A. Identification

1. Section identification data

<table>
<thead>
<tr>
<th>Province</th>
<th>Section order Nº</th>
<th>Municipality</th>
<th>District/section</th>
<th>Two-week period</th>
</tr>
</thead>
</table>

2. Identification of the dwelling and household and of child with some limitation

<table>
<thead>
<tr>
<th>Dwelling order Nº</th>
<th>Name and order number of the child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household number within the dwelling</td>
<td>Age</td>
</tr>
</tbody>
</table>

3. Identification of the informant:

3.1 Relationship of the informant to the child

<table>
<thead>
<tr>
<th>Father/Mother</th>
<th>Other family members</th>
<th>Guardian</th>
<th>Social services</th>
<th>Brother/sister</th>
<th>Other relationship</th>
<th>Grandfather/grandmother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

3.2 Interviewer: Is the informant a household member?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

3.3 Name of the informant

3.4 Age

4. Contact telephone no.

<table>
<thead>
<tr>
<th>Landline/mobile</th>
<th>Landline/mobile</th>
</tr>
</thead>
</table>

5. Time of start of interview

<table>
<thead>
<tr>
<th>Nature, characteristics and purpose</th>
</tr>
</thead>
</table>

The Disability, Independence and Dependency Situations Survey is government-level investigation, designed with the objective of obtaining data on the characteristics and situation of persons with disabilities, residing in private households.

Legislation

Statistical secrecy. The personal information obtained by the statistical services, both directly from the informants as well as from administrative sources, will be the object of protection and are covered by statistical secrecy (Art. 13.1 of the Law on the Public Statistical Services, dated 9 May 1989, LFEP). All personnel will undertake to maintain statistical secrecy. 17.1 of the LFEP).

Obligation to provide data. This questionnaire is voluntary.

Statistical services may request data from individuals and legal entities, both national and foreign, resident in Spain (Art. 10.1 of the LFEP)

All individuals and legal entities that provide data, regardless of whether their collaboration is compulsory or voluntary, must respond in a true, exact and comprehensive manner within the stipulated deadline to the questions outlined in due form by the statistical services (Art. 10.2 of the LFEP).
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?

<table>
<thead>
<tr>
<th>Limitations</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Original impairment</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Limitations</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Original impairment</th>
<th></th>
<th></th>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
</table>

**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  → P4
Yes, both types of aid ______________________      □ 3  → P4
No_______________________________  □ 4  → P6

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

Yes ______ □ 1  → P5
No ______ □ 6

2
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

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? If the child has more than one impairment, please ask about the main one

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

A congenital problem ___________ □1

A problem arising at birth ___________ □2 → P11

An illness ___________ □3

Other causes ___________ □4

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?

<table>
<thead>
<tr>
<th>Condition</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spina bifida/hydrocephaly</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Down's syndrome</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Autism and other disorders associated with autism</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Cerebral paralysis</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Brain damage</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Mental disorder</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Spinal cord injury (tetraplegia, paraplegia,...)</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Agenesis/Amputation</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Other congenital malformation</td>
<td>1</td>
<td>6</td>
</tr>
</tbody>
</table>

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??

<table>
<thead>
<tr>
<th>Age Range</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 20 years old</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between 20 and 29 years</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between 30 and 34 years</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between 35 and 39 years</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40 years or more</td>
<td>5</td>
<td></td>
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</tbody>
</table>
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

   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 → Section F

3. Both ___________________________ □ 3

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.

<table>
<thead>
<tr>
<th>1. Time the interview ended</th>
<th>□□□</th>
<th>□□□ Hour</th>
<th>□□ Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Date of completion of this questionnaire</td>
<td>□□□</td>
<td>□□□□</td>
<td>□□ Month</td>
</tr>
</tbody>
</table>

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.