

VANUATU DISABILITY PILOT SURVEY

CONFIDENTIAL

	Write in details before interview	VNSO USE ONLY						
Island		<table border="1"><tr><td></td><td></td></tr></table>						
Area Council		<table border="1"><tr><td></td><td></td></tr></table>						
Village		<table border="1"><tr><td></td><td></td><td></td></tr></table>						
EA – Split		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						
Enumerator ID	<table border="1"><tr><td></td><td></td></tr></table>							
Date	<table border="1"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	
d	d	m	m	y	y			

FORM 1: VILLAGE LISTING

1. List the households which are occupied at the time of the listing. *Do not list households where there is no one who usually lives there aged 15 years and over or where the usual head of the household is absent.*

LOCALITY (general description of household in village to locate for interview)	Household Number	NAME OF HOUSEHOLDER	DISABLED (known person with disability – Yes or No)
	001		
	002		
	003		
	004		
	005		
	006		
	007		
	008		
	009		
	010		
	011		
	012		
	013		
	014		
	015		
	016		
	017		
	018		
	019		
	020		
	021		

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LOCALITY <i>(general description of household in village to locate for interview)</i>	Household Number	NAME OF HOUSEHOLDER	DISABLED <i>(known person with disability – Yes or No)</i>
	022		
	023		
	024		
	025		
	026		
	027		
	028		
	029		
	030		
	031		
	032		
	033		
	034		
	035		
	036		
	037		
	038		
	039		
	040		
	041		
	042		
	043		
	044		
	045		
	046		
	047		
	048		
	049		
	050		
	051		
	052		
	053		
	054		
	055		
	056		

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LOCALITY (general description of household in village to locate for interview)	Household Number	NAME OF HOUSEHOLDER	DISABLED (known person with disability – Yes or No)
	057		
	058		
	059		
	060		
	061		
	062		
	063		
	064		
	065		
	066		
	067		
	068		
	069		
	070		
	071		
	072		
	073		
	074		
	075		
	076		
	077		
	078		
	079		
	080		
	081		
	082		
	083		
	084		
	085		
	086		
	087		
	088		
	089		
	090		
	091		

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LOCALITY (general description of household in village to locate for interview)	Household Number	NAME OF HOUSEHOLDER	DISABLED (known person with disability – Yes or No)
	092		
	093		
	094		
	095		
	096		
	097		
	098		
	099		
	100		

2. Continuation of Form 1 used for more than 100 households: |_|_| YES |_|_| NO

3. Total households in village or enumeration area: |_|_|_|_|

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All information collected by the Disability Survey is strictly confidential and information

by individual respondents will not be disclosed. This survey is being conducted under

the Statistics Act. Failure to provide the information requested in this survey is an offence under the Statistics Act.

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Village							
EA – Split							
Household number	<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> </table> <p>From village listing</p>						
Enumerator ID	<table border="1"> <tr> <td></td> <td></td> </tr> </table>						
Date	<table border="1"> <tr> <td>d</td> <td>d</td> <td>m</td> <td>m</td> <td>y</td> <td>y</td> </tr> </table>	d	d	m	m	y	y
d	d	m	m	y	y		

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FORM 2: HOUSEHOLD SCHEDULE

2.1. How many people usually live in this household? |__|__|__|

2.2. How many visitors were there at the time of the survey? |__|__|

2.3 Complete one line for every person who resides full time in this household *Put * against respondent person number.*

PERSO N NUMBE R	YEAR OF BIRTH	AG E	SEX (M/F)	MAIN DAILY ACTIVITY (MARK ALL THAT APPLY)	HIGHEST LEVEL OF EDUCATION
01	_ _ _ _	_		1 2 3 4 5 6 7 8 9 10 11 12 13 14	1 2 3 4 5 6 7 8
02	_ _ _ _	_		1 2 3 4 5 6 7 8 9 10 11 12 13 14	1 2 3 4 5 6 7 8
03	_ _ _ _	_		1 2 3 4 5 6 7 8 9 10 11 12 13 14	1 2 3 4 5 6 7 8
04	_ _ _ _	_		1 2 3 4 5 6 7 8 9 10 11 12 13 14	1 2 3 4 5 6 7 8
05	_ _ _ _	_		1 2 3 4 5 6 7 8 9 10 11 12 13 14	1 2 3 4 5 6 7 8
06	_ _ _ _	_		1 2 3 4 5 6 7 8 9 10 11 12 13 14	1 2 3 4 5 6 7 8
07	_ _ _ _	_		1 2 3 4 5 6 7 8 9 10 11 12 13 14	1 2 3 4 5 6 7 8
08	_ _ _ _	_		1 2 3 4 5 6 7 8 9 10 11 12 13 14	1 2 3 4 5 6 7 8
09	_ _ _ _	_		1 2 3 4 5 6 7 8 9 10 11 12 13 14	1 2 3 4 5 6 7 8
10	_ _ _ _	_		1 2 3 4 5 6 7 8 9 10 11 12 13 14	1 2 3 4 5 6 7 8
11	_ _ _ _	_		1 2 3 4 5 6 7 8 9 10 11 12 13 14	1 2 3 4 5 6 7 8
12	_ _ _ _	_		1 2 3 4 5 6 7 8 9 10 11 12 13 14	1 2 3 4 5 6 7 8
13	_ _ _ _	_		1 2 3 4 5 6 7 8 9 10 11 12 13 14	1 2 3 4 5 6 7 8
14	_ _ _ _	_		1 2 3 4 5 6 7 8 9 10 11 12 13 14	1 2 3 4 5 6 7 8
15	_ _ _ _	_		1 2 3 4 5 6 7 8 9 10 11 12 13 14	1 2 3 4 5 6 7 8
		Sex Codes 1 Male	Main Daily Activity Codes 1 Farming or gardening – do not sell produce 2 Farming or gardening – sell	Level of Education Codes 1 Never attended school	

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PERSO N NUMBE R	YEAR OF BIRTH	AG E	SEX (M/F)	MAIN DAILY ACTIVITY (<u>MARK</u> <u>ALL THAT APPLY</u>)	HIGHEST LEVEL OF EDUCATION
			2 Female	some produce 3 Work for pay 4 Business (self employed or employer) 5 Unpaid family work (store, business) 6 Custom Chief 7 Church pastor 8 Volunteer (other) 9 Attending school or training 10 Housework (cooking, cleaning, looking after dependents) 11 Retired/elderly 12 Disabled 13 Looking for work 14 Stap long haos/stap nomo	2 ECE/Kindy 3 Primary Class 1 – 8 4 Secondary Class 8 and above 5 University Certificate/Diploma/Degree 6 Vocational / Trade Certificate 7 Other vocational training 8 Other

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2.3 I would now like to ask you a series of questions about the people who usually live in this household regarding

their physical and mental ability. *More than one response is allowed for each person. Use the codes to show the severity*

of the disability. For children if the respondent is uncertain the prompt is “compared with children of the same age”.

	Person number from 2.3														
	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
Lacking part of one or more limbs?															
Partially or totally paralysed?															
Unable to move part or all of his/her body or has problems walking?															
Having difficulty seeing (even when wearing glasses)?															
Cannot see at all (is blind)?															
Having difficulty hearing?															
Cannot hear at all (is deaf)?															
Having difficulty speaking?															
Cannot speak at all (is dumb)?															
Having an intellectual difficulty (difficulty understanding, learning)?															
Having difficulty remembering?															
OTHER disability Please state ----- ----- -----															

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	Person number from 2.3														
	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
OTHER disability Please state ----- ----- -----															
	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all 5. Don't know														

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2.4 If the person(s) with the disability is below 18 years of age (17 years and under) please complete the interview

with the education, health and activities questionnaires. Summary of household status:

Children aged 17 years and under disability |__|__| **Number**
|__|__| **Number**

Adults aged 18 years and over with disability

IF THERE ARE NO DISABLED PEOPLE FROM THE SCREENING QUESTION 2.3 THANK THE RESPONDENT FOR HIS OR HER TIME

AND END OF INTERVIEW.

2.5 I would now like to ask you if you would be willing to have the information about disabled people in this

household included in a national register to help provide assistance to people with disability. Could we please

enter the information in the database?

☐ YES ☐ NO >> **GO TO Q 2.7**

2.6a Could we please have a telephone number(s) for the disabled person(s) in this household so that we can

contact them in the future about assistance? The telephone number will be entered into the disabled persons

database.

☐ YES ☐ NO >> **GO TO Q 2.7**

2.6b Enter the details below:

Person Number	Name	Telephone contact	Own telephone or relationship to owner (eg son, mother)
__ __			
__ __			
__ __			
__ __			
__ __			
__ __			

2.7 I would like to ask you some questions about the carer(s) for the disabled people in this household.

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Do any of the disabled people in this household have difficulty with self care such as washing all over or dressing?

☐ YES ☐ NO >> **GO TO MODULE 1**

2.8 Are all of the disabled people in this household able to complete an interview about activities, education and

training, assistance and so on?

☐ YES ☐ NO >> **GO TO 2.9**

2.9 Can you please tell me who will complete the interview on behalf of the person(s) who cannot complete the

questionnaire?

PERNO of person with disability	Name of respondent	Relationship to disabled person	PERNO of respondent
_ _ _			_ _ _
_ _ _			_ _ _
_ _ _			_ _ _
_ _ _			_ _ _
_ _ _			_ _ _
_ _ _			_ _ _

2.10 I would like to ask you some questions about the carer(s) for the disabled people in this household.

Do any of the disabled people in this household have difficulty with self care such as washing all over or

dressing and receive help to do things?

☐ YES ☐ NO >> **GO TO MODULE 1**

2.11 Can you please give me some information about the carer(s) of the disabled person(s) in this household and the type of care they give?

PERNO of person with disability	Name of carer	Relationship to disabled person	PERNO of carer	Care provided (MARK ALL THAT APPLY)	Approximately how many hours a day is care provided for all types of care?
_ _ _			_ _ _	1 2 3 4 5 6 7 8 9 10 11 12 13 14	
_ _ _			_ _ _	1 2 3 4 5 6 7 8 9 10 11 12	

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				13 14	
				1 2 3 4 5 6 7 8 9 10 11 12 13 14	
				1 2 3 4 5 6 7 8 9 10 11 12 13 14	
				1 2 3 4 5 6 7 8 9 10 11 12 13 14	
				1 2 3 4 5 6 7 8 9 10 11 12 13 14	
				1. Bathing 2. Dressing 3. Walking 4. Toilet use 5. Moving around (moving from bed to chair) 6. Meal preparation 7. Eating/drinking 8. Give medicine(s) 9. Gardening 10. Traditional Massage, medicine 11. Entertaining (playing, reading etc) 12. Learning (teaching) 13. Washing clothes 14. Protective supervision for mentally impaired	

2.12 Has the carer(s) received any special training in how to provide care to the disabled person?

☐ YES ☐ NO >> **GO TO CHILD OR ADULT QUESTIONNAIRE AS APPROPRIATE**

2.13 Can you give me information about the training received?

Type of carer training	Name of training provider
1	
2	
3	
4	
5	

GO TO MODULE 1

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Household Number	<table border="1" style="display: inline-table;"> <tr> <td></td> <td></td> <td></td> </tr> </table> FROM HOUSEHOLD FORM						
Person Number	<table border="1" style="display: inline-table;"> <tr> <td></td> <td></td> </tr> </table> FROM HOUSEHOLD FORM						
Enumerator ID	<table border="1" style="display: inline-table;"> <tr> <td></td> <td></td> </tr> </table>						
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d	d	m	m	y	y		

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FORM 3: Child with disability (aged 17 years and under)

If the child has more than one disability the questions are to be answered for the most severe ("Cannot do at all" from household questionnaire). If the child has more than one severe disability the questions are to be answered for the one which most restricts their day-to-day activities.

1. How long have <<name's>> day-to-day activities been affected?

- | | |
|-----------------------|----------------------------|
| Less than 6 months | <input type="checkbox"/> 1 |
| Between 6 & 12 months | <input type="checkbox"/> 2 |
| 12 months or more | <input type="checkbox"/> 3 |

2. What caused <<name's>> main disability? *What caused <<name's>> main condition?*

- | | | | |
|--------------------------------------|-----------------------------|--------------------------------------|-----------------------------|
| Since birth or during the first year | <input type="checkbox"/> 1 | Mother's bad health during pregnancy | <input type="checkbox"/> 4 |
| Disease/illness/hereditary | <input type="checkbox"/> 2 | Just came on | <input type="checkbox"/> 5 |
| Accident/injury | <input type="checkbox"/> 3 | Stress/Severe trauma | <input type="checkbox"/> 8 |
| Medication/medical procedure | <input type="checkbox"/> 12 | Other – specify _____ | <input type="checkbox"/> 18 |
| | | Don't know | <input type="checkbox"/> 19 |

3. What is the name of <<name's>> disability? *For the most severe disability.*

4. Does <<name>> have any of the following aids or medical supplies to help him or her?
Tick all that are used by the disabled person.

- | | | | |
|--------------------------------|----------------------------|--------------------------|-----------------------------|
| Cane/stick (for blind) | <input type="checkbox"/> 1 | Crutches | <input type="checkbox"/> 11 |
| Walking frame | <input type="checkbox"/> 2 | Walking stick | <input type="checkbox"/> 12 |
| Wheelchair | <input type="checkbox"/> 3 | Braces / belts / corsets | <input type="checkbox"/> 13 |

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Special shoes (built-up shoes)	_ 4	Walking frame	_ 14
Walking stick	_ 5	Callipers/splints	_ 15
Hearing aid	_ 6	Feeding chair	_ 16
Artificial limb	_ 7	Nebulisers	_ 17
Oxygen cylinder	_ 8	Ventilators	_ 18
Medical dressings	_ 9	Prescription medicine for disability	_ 19
Pain medicine (eg panadol)	_ 10	Other – specify _____	_ 20

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All children aged 5 years or more

5. Has <<name>> ever attended ECE or kindy (or is currently attending)?

☐ YES ☐ NO

6. Has <<name>> ever attended primary school from Year 1 – 8 (or is currently attending)?

☐ YES ☐ NO >> IF NO GO TO QUESTION 17

7. Is <<name>> currently attending primary school?

☐ YES ☐ NO

8. What Year is <<name>> currently attending (or the highest Year completed)?

Year 1	<input type="checkbox"/> 1	Year 5	<input type="checkbox"/> 5
Year 2	<input type="checkbox"/> 2	Year 6	<input type="checkbox"/> 6
Year 3	<input type="checkbox"/> 3	Year 7	<input type="checkbox"/> 7
Year 4	<input type="checkbox"/> 4	Year 8	<input type="checkbox"/> 8
		Don't know	<input type="checkbox"/> 9

9. What kind of school is <<name>> currently attended (or for highest Year completed)?

Government school	<input type="checkbox"/> 1	Private school	<input type="checkbox"/> 4
Church/Mission school	<input type="checkbox"/> 2	Other – specify _____	<input type="checkbox"/> 5
Community school	<input type="checkbox"/> 3	Don't know	<input type="checkbox"/> 9

10. Has or did <<name>> ever had to repeat a year at primary school?

☐ YES ☐ NO >> IF NO GO TO QUESTION 12

11. How many years has or did <<name>> repeated a year? Enter number:

12. How old was <<name>> when he or she first started ECE/Kindy/Year 1? *This is the age the child entered formal education outside the home.*

Age: Don't know ☐

13. Compared with other children <<name's>> age, how well does or did he or she do in school?

Excellent	<input type="checkbox"/> 1	Slow	<input type="checkbox"/> 4
Very good	<input type="checkbox"/> 2	Very slow _____	<input type="checkbox"/> 5
Good	<input type="checkbox"/> 3	Don't know	<input type="checkbox"/> 9

14. At primary school does or did <<name>> attend special classes or have an assistant because of his/her condition?

☐ YES ☐ NO

15. What is the main means of transport <<name>> uses or used to get to primary school?
One answer only.

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Paid transport (bus, truck, taxi etc)	_ 1	Private vehicle (car, truck, van etc)	_ 6
Walk (help from carer)	_ 2	Walk (no help from carer)	_ 7
Wheelchair (help from carer)	_ 3	Wheelchair (no help from carer)	_ 8
Walk using crutches (help from carer)	_ 4	Walk using crutches (no help from carer)	_ 9
Walking frame/stick	_ 5	Other – specify _____	_ 10
		Don't know	_ 99

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16. What kind of difficulties does or did <<name>> experience at primary school? *Tick all that apply.*

Access difficulties	<input type="checkbox"/> 1	Communication difficulties	<input type="checkbox"/> 8
No special teacher	<input type="checkbox"/> 2	Learning difficulties	<input type="checkbox"/> 9
No teacher aide	<input type="checkbox"/> 3	Intellectual difficulties	<input type="checkbox"/> 10
Financial difficulties	<input type="checkbox"/> 4	Fitting in socially	<input type="checkbox"/> 11
Difficulty sitting	<input type="checkbox"/> 5	Sports participation	<input type="checkbox"/> 12
Hearing problems	<input type="checkbox"/> 6	Other – specify _____	<input type="checkbox"/> 13
Sight problems	<input type="checkbox"/> 7	Don't know	<input type="checkbox"/> 99

17. Can <<name>> read and write?

☐ YES ☐ NO

For those currently attending or who have ever attended secondary school:

18. Has <<name>> ever attended secondary school from Year 9 – 12, 13 or 14 (or is currently attending)?

☐ YES ☐ NO >> IF NO GO TO QUESTION 31

19. Is <<name>> currently attending secondary school?

☐ YES ☐ NO

20. What Year is <<name>> currently attending (or the highest Year completed)?

Year 9	<input type="checkbox"/> 1	Year 12	<input type="checkbox"/> 4
Year 10	<input type="checkbox"/> 2	Year 13	<input type="checkbox"/> 5
Year 11	<input type="checkbox"/> 3	Year 14	<input type="checkbox"/> 6
		Don't know	<input type="checkbox"/> 9

21. What kind of school is <<name>> currently attended (or for highest Year completed)?

Government school	<input type="checkbox"/> 1	Private school	<input type="checkbox"/> 4
Church/Mission school	<input type="checkbox"/> 2	Other – specify _____	<input type="checkbox"/> 5
Community school	<input type="checkbox"/> 3	Don't know	<input type="checkbox"/> 9

22. Has or did <<name>> ever had to repeat a year at secondary school?

☐ YES ☐ NO >> IF NO GO TO QUESTION 24

23. How many years has or did <<name>> repeated a year? *Enter number:*

24. Compared with other children <<name's>> age, how well does or did he or she do in secondary school?

Excellent	<input type="checkbox"/> 1	Slow	<input type="checkbox"/> 4
Very good	<input type="checkbox"/> 2	Very slow	<input type="checkbox"/> 5
Good	<input type="checkbox"/> 3	Don't know	<input type="checkbox"/> 9

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25. At secondary school does or did <<name>> attend special classes or have an assistant because of his/her condition?

☐ YES ☐ NO

26. What is the main means of transport <<name>> uses or used to get to secondary school?
One answer only.

Paid transport (bus, truck, taxi etc)	<input type="checkbox"/> 1	Private vehicle (car, truck, van etc)	<input type="checkbox"/> 6
Walk (help from carer)	<input type="checkbox"/> 2	Walk (no help from carer)	<input type="checkbox"/> 7
Wheelchair (help from carer)	<input type="checkbox"/> 3	Wheelchair (no help from carer)	<input type="checkbox"/> 8
Walk using crutches (help from carer)	<input type="checkbox"/> 4	Walk using crutches (no help from carer)	<input type="checkbox"/> 9
Walking frame/stick	<input type="checkbox"/> 5	Other – specify _____	<input type="checkbox"/> 10
		Don't know	<input type="checkbox"/> 99

27. What kind of difficulties does or did <<name>> experience at secondary school? Tick all that apply.

Access difficulties	<input type="checkbox"/> 1	Communication difficulties	<input type="checkbox"/> 8
No special teacher	<input type="checkbox"/> 2	Learning difficulties	<input type="checkbox"/> 9
No teacher aide	<input type="checkbox"/> 3	Intellectual difficulties	<input type="checkbox"/> 10
Financial difficulties	<input type="checkbox"/> 4	Fitting in socially	<input type="checkbox"/> 11
Difficulty sitting	<input type="checkbox"/> 5	Sports participation	<input type="checkbox"/> 12
Hearing problems	<input type="checkbox"/> 6	Other – specify _____	<input type="checkbox"/> 13
Sight problems	<input type="checkbox"/> 7	Don't know	<input type="checkbox"/> 99

For those currently attending or who have ever attended post-secondary education and training:

28. Has <<name>> ever attended a training course with a formal qualification (certificate)?

☐ YES ☐ NO >> IF NO GO TO QUESTION XX

29. What training course(s) did <<name>> attend or is currently attending?

Name of course	Provider	Year completed	Duration (years, months)	Currently attending (Y/N)
1.				
2.				
3.				
4.				
5.				
6.				
7.				

30. What kind of difficulties does or did <<name>> experience at the training? Tick all that apply.

Access difficulties	<input type="checkbox"/> 1	Communication difficulties	<input type="checkbox"/> 8
No special teacher	<input type="checkbox"/> 2	Learning difficulties	<input type="checkbox"/> 9
No teacher aide	<input type="checkbox"/> 3	Intellectual difficulties	<input type="checkbox"/> 10
Financial difficulties	<input type="checkbox"/> 4	Fitting in socially	<input type="checkbox"/> 11
Difficulty sitting	<input type="checkbox"/> 5	Sports participation	<input type="checkbox"/> 12
Hearing problems	<input type="checkbox"/> 6	Other – specify _____	<input type="checkbox"/> 13

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Sight problems

|_| 7

Don't know

|_| 99

31.a **For those who have never attended:** Would <<name>> like to attend school or some other kind of training?

|_| YES |_| NO >> IF NO GO TO QUESTION 36

32.b **For those who are currently attending:** Would <<name>> like to keep going to school or continue on to some other kind of training?

|_| YES |_| NO

For the highest level of education completed (or last training course attended)

33. How satisfied are you that <<name>> was treated with dignity and respect?

Very satisfied

|_| 1

Quite dissatisfied

|_| 4

Quite satisfied

|_| 2

Very dissatisfied

|_| 5

Neither satisfied or dissatisfied

|_| 3

Don't know

|_| 9

34. How satisfied are you that the teachers or trainers were friendly, helpful and understanding?

Very satisfied

|_| 1

Quite dissatisfied

|_| 4

Quite satisfied

|_| 2

Very dissatisfied

|_| 5

Neither satisfied or dissatisfied

|_| 3

Don't know

|_| 9

35. How satisfied are you that <<name>> benefitted from the training?

Very satisfied

|_| 1

Quite dissatisfied

|_| 4

Quite satisfied

|_| 2

Very dissatisfied

|_| 5

Neither satisfied or dissatisfied

|_| 3

Don't know

|_| 9

36. Has <<name>> ever participated in activities especially organised for disabled children and youth?

|_| YES |_| NO >> IF NO GO TO QUESTION 38

37. What kind of activities has <<name>> participated in?

Sports

|_| 1

Learning sign language (deaf only)

|_| 6

Athletics / running

|_| 2

Dancing

|_| 7

Painting / drawing

|_| 3

Acting / drama

|_| 8

Handicrafts

|_| 4

Singing

|_| 9

Special literacy classes

|_| 5

Other specify _____

|_| 10

Don't know

|_| 99

38. What kind of health services are available to <<name>> in the local community or within one hour travel?

Health clinic

|_| 1

Physiotherapist

|_| 6

Dispensary

|_| 2

Traditional massage

|_| 7

Private doctor

|_| 3

Traditional medicine

|_| 8

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Hospital / mini hospital

|_| 4

Other specify _____

|_| 9

|_| 5

Other specify _____

|_| 10

Don't know

|_| 99

39. When was the last time <<name>> visited a health service provider?

Last week

|_| 1

Last three months

|_| 3

Last month

|_| 2

Longer than three months ago

|_| 4

Don't know

|_| 99

40. Which service provider did <<name>> visit?

Health clinic

|_| 1

Physiotherapist

|_| 6

Dispensary

|_| 2

Traditional massage

|_| 7

Private doctor/clinic

|_| 3

Traditional medicine

|_| 8

Hospital / mini hospital

|_| 4

Pharmacy/chemist

|_| 9

|_| 5

Other specify _____

|_| 10

Don't know

|_| 99

24. What was the main reason for <<name's>> last visit to a health service provider? Give a brief description of the reason for the visit, such as flu or other illness, regular check-up, repeat prescription, pain relief, pregnancy related check, immunization, and so on.

41. How long did it take to get to the health service provider on the last visit?

Number of minutes |_|_|_|_|

42. For <<name's>> last visit to a health clinic, dispensary, doctor or hospital, how would you rate how <<name>> was treated with dignity and respect?

Very satisfied

|_| 1

Quite dissatisfied

|_| 4

Quite satisfied

|_| 2

Very dissatisfied

|_| 5

Neither satisfied or dissatisfied

|_| 3

Don't know

|_| 9

43. How satisfied are you that the staff were friendly, helpful and understanding?

Very satisfied

|_| 1

Quite dissatisfied

|_| 4

Quite satisfied

|_| 2

Very dissatisfied

|_| 5

Neither satisfied or dissatisfied

|_| 3

Don't know

|_| 9

44. How satisfied are you that the staff were knowledgeable?

Very satisfied

|_| 1

Quite dissatisfied

|_| 4

Quite satisfied

|_| 2

Very dissatisfied

|_| 5

Neither satisfied or dissatisfied

|_| 3

Don't know

|_| 9

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45. There are many reasons why people cannot take part in different activities as much as they would like to. Is <<name>> prevented from taking part in the following areas of life as much as he or she would like to? *Circle code which applies. Not applicable is for if the child is too young, additional comments can be entered.*

	Rating	Comments
Education and learning opportunities	1 2 3 4 5	
Getting paid work	1 2 3 4 5	
Transport	1 2 3 4 5	
Social activities like visiting with family and friends	1 2 3 4 5	
Community events like meetings, celebrations	1 2 3 4 5	
Church service/groups	1 2 3 4 5	
Sports events	1 2 3 4 5	
Accessing public services like health	1 2 3 4 5	
Participating in public events like concerts	1 2 3 4 5	
Custom ceremonies	1 2 3 4 5	
Workshops	1 2 3 4 5	
Other specify _____	1 2 3 4 5	
Other specify _____	1 2 3 4 5	

1. Not at all
2. Yes, a little
3. Yes, a lot
4. Don't know
5. Not applicable

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MODULE 1: HEALTH

If the person has more than one disability the questions are to be answered for the most severe ("Cannot do at all" from household questionnaire). If the person has more than one severe disability the questions are to be answered for the one which most restricts their day-to-day activities.

1. How long have <<name's>> day-to-day activities been affected?

Less than 6 months	<input type="checkbox"/> <input type="checkbox"/>	1
Between 6 & 12 months	<input type="checkbox"/> <input type="checkbox"/>	2
12 months or more	<input type="checkbox"/> <input type="checkbox"/>	3

2. What caused <<name's>> main disability? *What caused <<name's>> main condition?*

Since birth or during first year	<input type="checkbox"/> <input type="checkbox"/>	1	Personal/family problems/death	<input type="checkbox"/> <input type="checkbox"/>	10
Disease/illness/hereditary	<input type="checkbox"/> <input type="checkbox"/>	2	Allergy	<input type="checkbox"/> <input type="checkbox"/>	11
Accident/injury	<input type="checkbox"/> <input type="checkbox"/>	3	Medication/medical procedure	<input type="checkbox"/> <input type="checkbox"/>	12
Mothers bad health during pregnancy	<input type="checkbox"/> <input type="checkbox"/>	4	Smoking	<input type="checkbox"/> <input type="checkbox"/>	13
Just came on	<input type="checkbox"/> <input type="checkbox"/>	5	Own pregnancy/childbirth	<input type="checkbox"/> <input type="checkbox"/>	14
Working conditions/work/overwork	<input type="checkbox"/> <input type="checkbox"/>	6	Overweight	<input type="checkbox"/> <input type="checkbox"/>	15
Old age/Aging	<input type="checkbox"/> <input type="checkbox"/>	7	Stroke	<input type="checkbox"/> <input type="checkbox"/>	16
Stress/Severe trauma	<input type="checkbox"/> <input type="checkbox"/>	8	Alcohol/Drug dependency	<input type="checkbox"/> <input type="checkbox"/>	17
War/peacekeeping service	<input type="checkbox"/> <input type="checkbox"/>	9	Other – specify _____	<input type="checkbox"/> <input type="checkbox"/>	18
			Don't know	<input type="checkbox"/> <input type="checkbox"/>	19

3. What is the name of <<name's>> disability? *For the most severe disability.*

4. Does <<name>> have any of the following aids or medical supplies to help him or her?
Tick all that are used by the disabled person.

Cane/stick (for blind)	<input type="checkbox"/> <input type="checkbox"/>	1	Crutches	<input type="checkbox"/> <input type="checkbox"/>	11
Walking frame	<input type="checkbox"/> <input type="checkbox"/>	2	Walking stick	<input type="checkbox"/> <input type="checkbox"/>	12
Wheelchair	<input type="checkbox"/> <input type="checkbox"/>	3	Braces / belts / corsets	<input type="checkbox"/> <input type="checkbox"/>	13
Special shoes (built-up shoes)	<input type="checkbox"/> <input type="checkbox"/>	4	Walking frame	<input type="checkbox"/> <input type="checkbox"/>	14
Walking stick	<input type="checkbox"/> <input type="checkbox"/>	5	Callipers/splints	<input type="checkbox"/> <input type="checkbox"/>	15
Hearing aid	<input type="checkbox"/> <input type="checkbox"/>	6	Feeding chair	<input type="checkbox"/> <input type="checkbox"/>	16
Artificial limb	<input type="checkbox"/> <input type="checkbox"/>	7	Nebulisers	<input type="checkbox"/> <input type="checkbox"/>	17
Oxygen cylinder	<input type="checkbox"/> <input type="checkbox"/>	8	Ventilators	<input type="checkbox"/> <input type="checkbox"/>	18
Medical dressings	<input type="checkbox"/> <input type="checkbox"/>	9	Prescription medicine for disability	<input type="checkbox"/> <input type="checkbox"/>	19
Pain medicine (eg panadol)	<input type="checkbox"/> <input type="checkbox"/>	10	Other – specify _____	<input type="checkbox"/> <input type="checkbox"/>	20

4. What kind of health services are available to <<name>> in the local community or within one hour travel?

Health clinic	<input type="checkbox"/> <input type="checkbox"/>	1	Physiotherapist	<input type="checkbox"/> <input type="checkbox"/>	6
Dispensary	<input type="checkbox"/> <input type="checkbox"/>	2	Traditional massage	<input type="checkbox"/> <input type="checkbox"/>	7
Private doctor	<input type="checkbox"/> <input type="checkbox"/>	3	Traditional medicine	<input type="checkbox"/> <input type="checkbox"/>	8
Hospital / mini hospital	<input type="checkbox"/> <input type="checkbox"/>	4	Other specify _____	<input type="checkbox"/> <input type="checkbox"/>	9
	<input type="checkbox"/> <input type="checkbox"/>	5	Other specify _____	<input type="checkbox"/> <input type="checkbox"/>	10
			Don't know	<input type="checkbox"/> <input type="checkbox"/>	19

5. When was the last time <<name>> visited a health service provider?

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Last week	_ 1	Last three months	_ 3
Last month	_ 2	Longer than three months ago	_ 4
		Don't know	_ 99

6. Which service provider did <<name>> visit?

Health clinic	_ 1	Physiotherapist	_ 6
Dispensary	_ 2	Traditional massage	_ 7
Private doctor/clinic	_ 3	Traditional medicine	_ 8
Hospital / mini hospital	_ 4	Pharmacy/chemist	_ 9
	_ 5	Other specify _____	_ 10
		Don't know	_ 99

7. What was the main reason for <<name's>> last visit to a health service provider? Give a brief description of the reason for the visit, such as flu or other illness, regular check-up, repeat prescription, pain relief, pregnancy related check, immunization, and so on.

8. How long did it take to get to the health service provider on the last visit?

Number of minutes |_|_|_|_|

9. For <<name's>> last visit to a health clinic, dispensary, doctor or hospital, how would you rate how <<name>> was treated with dignity and respect?

Very satisfied	_ 1	Quite dissatisfied	_ 4
Quite satisfied	_ 2	Very dissatisfied	_ 5
Neither satisfied or dissatisfied	_ 3	Don't know	_ 9

10. How satisfied are you that the staff were friendly, helpful and understanding?

Very satisfied	_ 1	Quite dissatisfied	_ 4
Quite satisfied	_ 2	Very dissatisfied	_ 5
Neither satisfied or dissatisfied	_ 3	Don't know	_ 9

11. How satisfied are you that the staff were knowledgeable?

Very satisfied	_ 1	Quite dissatisfied	_ 4
Quite satisfied	_ 2	Very dissatisfied	_ 5
Neither satisfied or dissatisfied	_ 3	Don't know	_ 9

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MODULE 2: EDUCATION AND TRAINING

Refer to the responses for Main Daily Activity (attending school or training) and Highest Level of Education Completed on the household questionnaire for each disabled person.

For those currently attending school or training:

1. What School Year or training program is <<name>> currently attending? *Post-secondary courses are provided by a registered training provider and run for more than one week. One answer only.*

Year 1	<input type="text"/>	1	Year 5	<input type="text"/>	5	Year 9	<input type="text"/>	9
Year 2	<input type="text"/>	2	Year 6	<input type="text"/>	6	Year 10	<input type="text"/>	10
Year 3	<input type="text"/>	3	Year 7	<input type="text"/>	7	Year 11	<input type="text"/>	11
Year 4	<input type="text"/>	4	Year 8	<input type="text"/>	8	Year 12	<input type="text"/>	12
						Year 13/14	<input type="text"/>	13/14

Post-secondary

USP	<input type="text"/>	RTC	<input type="text"/>	Private (eg CNS)	<input type="text"/>
VITE	<input type="text"/>	VIT	<input type="text"/>	Nursing	<input type="text"/>
Police	<input type="text"/>	Tourism	<input type="text"/>	Disabled Assn.	<input type="text"/>
Chamber of Commerce	<input type="text"/>	Cooperatives	<input type="text"/>	Other NGO	<input type="text"/>

Post-secondary field of study

Crops	<input type="text"/>	Livestock	<input type="text"/>	Forestry	<input type="text"/>
Fisheries	<input type="text"/>	IT	<input type="text"/>	Trades/ services	<input type="text"/>
Business management	<input type="text"/>	Tourism	<input type="text"/>	Other	<input type="text"/>

9. What kind of school or training is <<name>> currently attending?

Government school / agency	<input type="text"/>	1	Private school / provider	<input type="text"/>	4
Church/Mission school	<input type="text"/>	2	NGO	<input type="text"/>	5
Community school	<input type="text"/>	3	Other – specify _____	<input type="text"/>	6
			Don't know	<input type="text"/>	9

10. Has or did <<name>> ever had to repeat a year at school?

YES NO >> IF NO GO TO QUESTION 12

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11. How many times has <<name>> repeated a year? *Enter number:* |__|__|

12. How old was <<name>> when he or she first started ECE/Kindy/Year 1? *This is the age the child entered formal education outside the home.*

Age: |__|__| Don't know |__|

13. Compared with other children <<name's>> age, how well does or did he or she do in school?

Excellent	__ 1	Slow	__ 4
Very good	__ 2	Very slow	__ 5
Good	__ 3	Don't know	__ 9

14. At school or training does or did <<name>> attend special classes or have an assistant because of his/her condition?

|__| YES |__| NO

15. What is the main means of transport <<name>> uses or used to get to school or training?
One answer only.

Paid transport (bus, truck, taxi etc)	__ 1	Private vehicle (car, truck, van etc)	__ 8
Walk (help from carer)	__ 2	Walk (no help from carer)	__ 9
Wheelchair (help from carer)	__ 3	Wheelchair (no help from carer)	__ 10
Walk using crutches (help from carer)	__ 4	Walk using crutches (no help from carer)	__ 11
Walking frame/stick	__ 5	Bicycle	__ 12
Motorbike	__ 6	Other – specify _____	__ 13
Launch/boat	__ 7	Don't know	__ 99

16. What kind of difficulties does or did <<name>> experience at school or training? *Tick all that apply.*

Access difficulties	__ 1	Communication difficulties	__ 8
No special teacher	__ 2	Learning difficulties	__ 9
No teacher aide	__ 3	Intellectual difficulties	__ 10
Financial difficulties	__ 4	Fitting in socially	__ 11
Difficulty sitting	__ 5	Sports participation	__ 12
Hearing problems	__ 6	Other – specify _____	__ 13
Sight problems	__ 7	Don't know	__ 99

17. Can <<name>> read and write?

|__| YES |__| NO

For those who are not currently attending but have attended post-secondary education and training:

18. What training course(s) did <<name>> attend?

Name of course	Provider	Year completed	Duration (years, months)	Paid a fee for course (Y/N)
8.				
9.				
10.				

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11.				
12.				
13.				
14.				

30. What kind of difficulties did <<name>> experience? *Tick all that apply.*

Access difficulties	<input type="checkbox"/> 1	Communication difficulties	<input type="checkbox"/> 8
No special teacher	<input type="checkbox"/> 2	Learning difficulties	<input type="checkbox"/> 9
No teacher aide	<input type="checkbox"/> 3	Intellectual difficulties	<input type="checkbox"/> 10
Financial difficulties	<input type="checkbox"/> 4	Fitting in socially	<input type="checkbox"/> 11
Difficulty sitting	<input type="checkbox"/> 5	Sports participation	<input type="checkbox"/> 12
Hearing problems	<input type="checkbox"/> 6	Other – specify _____	<input type="checkbox"/> 13
Sight problems	<input type="checkbox"/> 7	Don't know	<input type="checkbox"/> 99

For the highest level of education completed (or last training course attended)

33. How satisfied are you that <<name>> was treated with dignity and respect?

Very satisfied	<input type="checkbox"/> 1	Quite dissatisfied	<input type="checkbox"/> 4
Quite satisfied	<input type="checkbox"/> 2	Very dissatisfied	<input type="checkbox"/> 5
Neither satisfied or dissatisfied	<input type="checkbox"/> 3	Don't know	<input type="checkbox"/> 9

34. How satisfied are you that the teachers or trainers were friendly, helpful and understanding?

Very satisfied	<input type="checkbox"/> 1	Quite dissatisfied	<input type="checkbox"/> 4
Quite satisfied	<input type="checkbox"/> 2	Very dissatisfied	<input type="checkbox"/> 5
Neither satisfied or dissatisfied	<input type="checkbox"/> 3	Don't know	<input type="checkbox"/> 9

35. How satisfied are you that <<name>> benefitted from the training?

Very satisfied	<input type="checkbox"/> 1	Quite dissatisfied	<input type="checkbox"/> 4
Quite satisfied	<input type="checkbox"/> 2	Very dissatisfied	<input type="checkbox"/> 5
Neither satisfied or dissatisfied	<input type="checkbox"/> 3	Don't know	<input type="checkbox"/> 9

36. Has <<name>> ever participated in activities especially organised for disabled children and youth?

☐ YES ☐ NO >> IF NO GO TO QUESTION 38

37. What kind of activities has <<name>> participated in?

Sports	<input type="checkbox"/> 1	Learning sign language (deaf only)	<input type="checkbox"/> 6
Athletics / running	<input type="checkbox"/> 2	Dancing	<input type="checkbox"/> 7
Painting / drawing	<input type="checkbox"/> 3	Acting / drama	<input type="checkbox"/> 8
Handicrafts	<input type="checkbox"/> 4	Singing	<input type="checkbox"/> 9
Special literacy classes	<input type="checkbox"/> 5	Other specify _____	<input type="checkbox"/> 10
		Don't know	<input type="checkbox"/> 99

For those who have never attended school:

What was the reason(s) for <<name>> not attending school?

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- | | | | |
|------------------------------------|-------|--|--------|
| Health problems/is not well enough | _ 1 | Do not feel safe | _ 9 |
| Access problems to school | _ 2 | Financial difficulties (school, transport) | _ 10 |
| Need someone to go with him/her | _ 3 | Bad weather | _ 11 |
| Cannot get to or use transport | _ 4 | Family doesn't like him/her to leave house | _ 12 |
| Need help with transport | _ 5 | He/she needed at home | _ 13 |
| No access to transport | _ 6 | Other specify _____ | _ 14 |
| No teacher aid | _ 7 | Other specify _____ | _ 15 |
| No special teacher | _ 8 | Don't know | _ 99 |

19. Would <<name>> like to attend school or some other kind of training?

|_ | YES |_ | NO >> IF NO GO TO QUESTION 36

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MODULE 3: Information about activities

If the person has more than one disability the questions are to be answered for the most severe ("Cannot do at all" from household questionnaire). If the person has more than one severe disability the questions are to be answered for the one which most restricts their day-to-day activities.

1. Has <<name>> ever participated in activities especially organised for disabled persons?

|_ | YES |_ | NO >> IF NO GO TO QUESTION 3

2. What kind of activities has <<name>> participated in?

- | | | | |
|--------------------------|-------|------------------------------------|--------|
| Sports | _ 1 | Learning sign language (deaf only) | _ 6 |
| Athletics / running | _ 2 | Dancing | _ 7 |
| Painting / drawing | _ 3 | Acting / drama | _ 8 |
| Handicrafts | _ 4 | Singing | _ 9 |
| Special literacy classes | _ 5 | Other specify _____ | _ 10 |

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Don't know

|_ | 99

3. What forms of transport has <<name>> used over the last month? *Tick all types of transport used.*

Paid transport (bus, truck, taxi etc)	_ 1	Private vehicle (car, truck, van etc)	_ 8
Walk (help from carer)	_ 2	Walk (no help from carer)	_ 9
Wheelchair (help from carer)	_ 3	Wheelchair (no help from carer)	_ 10
Walk using crutches (help from carer)	_ 4	Walk using crutches (no help from carer)	_ 11
Walking frame/stick	_ 5	Bicycle	_ 12
Motorbike	_ 6	None of these >> GO TO Q.5	_ 13
Launch/boat	_ 7	Don't know	_ 99

4. Where kind of trips did <<name>> make over the last month? *Tick all types of trips made.*

School/training/workshop	_ 1	Disabled association	_ 13
Work	_ 2	Bank	_ 14
Garden	_ 3	Airport	_ 15
Store	_ 4	Wharf/landing	_ 16
Market	_ 5	Church/church group	_ 17
Kava bar/nakamal	_ 6	Take children to school/out	_ 18
Visit family/friends	_ 7	Leisure activity (swim, sightseeing)	_ 19
Health facility	_ 8	Collect firewood	_ 20
Private doctor	_ 9	Collect water/washing	_ 21
Attend meeting/community event	_ 10	Other specify _____	_ 22
Traditional medicine practitioner	_ 11	Other specify _____	_ 23
Sports	_ 12	Don't know	_ 99

5. How easy or difficult is it for <<name>> to travel day to day? *One answer only.*

Very easy	_ 1	Quite difficult	_ 4
Quite easy	_ 2	Very difficult	_ 5
Neither easy nor difficult	_ 3	Does not travel about day to day	_ 6

IF CODE 6 GO TO Q. 7

6. Disabled people face barriers in travelling around day to day. What are the main barriers <<name>> faces in moving from one place to another? *Tick all that apply.*

Health problems/is not well enough	_ 1	Do not feel safe	_ 7
Lack of confidence	_ 2	Cannot afford transport fare	_ 8
Need someone to come with him/her	_ 3	Bad weather	_ 9
Cannot get to or use transport	_ 4	Family doesn't like him/her to leave house	_ 10
Need help with transport	_ 5	Other specify _____	_ 11
No access to transport	_ 6	Other specify _____	_ 12
		Don't know	_ 99

7. There are many reasons why people cannot take part in different activities as much as they would like to. Is <<name>> prevented from taking part in the following areas of life as much as he or she would like to? *Circle code which applies. Not applicable is for if the child is too young, additional comments can be entered.*

	Rating	Comments
a. Education and learning opportunities	1 2 3 4 5	

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	Rating	Comments
b. Getting paid work	1 2 3 4 5	
c. Transport	1 2 3 4 5	
d. Social activities like visiting with family and friends	1 2 3 4 5	
e. Community events like meeting, celebrations	1 2 3 4 5	
f. Church service/groups	1 2 3 4 5	
g. Sports events	1 2 3 4 5	
h. Accessing public services like health	1 2 3 4 5	
i. Participating in public events like concerts	1 2 3 4 5	
j. Custom ceremonies	1 2 3 4 5	
k. Workshops	1 2 3 4 5	
l. Other specify _____	1 2 3 4 5	
m. Other specify _____	1 2 3 4 5	

1. Not at all
2. Yes, a little
3. Yes, a lot
4. Don't know
5. Not applicable (child)

8. What prevents <<name>> from taking part in these activities? *Circle code which applies. Not applicable is for if the child is too young, additional comments can be entered.*

	Prevents
a. Financial reasons	1 2 3 4 5
b. Too busy/not enough time	1 2 3 4 5
c. Family responsibilities, such as looking after children	1 2 3 4 5
d. Caring for other family members	1 2 3 4 5
e. Policies, rules or procedures make it difficult to access services	1 2 3 4 5
f. No help or assistance	1 2 3 4 5
g. No special aids, adaptations or equipment	1 2 3 4 5
h. Badly designed buildings	1 2 3 4 5
i. Attitudes of other people	1 2 3 4 5
j. Not informed	1 2 3 4 5
k. Health condition/not well enough	1 2 3 4 5
l. Other specify _____	1 2 3 4 5
m. Other specify _____	1 2 3 4 5

1. Does not prevent
2. A little
3. A lot
4. Don't know
5. Not applicable

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MODULE 4: Activity and Inactivity for persons aged 10 years and over

These questions are asked of all disabled people aged 10 years and over.

1. Does <<name>> do any household activities for him or herself?

☐ YES ☐ NO >> IF NO GO TO QUESTION 4

2. What kind of activities does <<name>> do? *Tick all types of activities.*

Gardening	<input type="checkbox"/> 1	Washing clothes	<input type="checkbox"/> 6
Sweeping/raking	<input type="checkbox"/> 2	Shopping	<input type="checkbox"/> 7
Cleaning	<input type="checkbox"/> 3	Collecting / chopping firewood	<input type="checkbox"/> 8
Fetching water	<input type="checkbox"/> 4	Other specify _____	<input type="checkbox"/> 9
Take care of children/elderly	<input type="checkbox"/> 5	None of these >> GO TO Q.5	<input type="checkbox"/> 10
		Don't know	<input type="checkbox"/> 99

3. How many hours does <<name>> spend per day on these tasks? *Specify the number of hours for all activities.*

hours

4. Does <<name>> spend more than one hour a day on any income generating activities? *This could be paid work, helping with a household business, selling produce at a market and so on.*

☐ YES ☐ NO >> IF NO GO TO QUESTION 14

5. What is the main economic activity done by <<name>> to generate this income? *If more than one activity ask about the economic activity the most hours were spent in.*

Paid work – full time	<input type="checkbox"/> 1	Selling TVL Refil Kad	<input type="checkbox"/> 8
Paid work – part time	<input type="checkbox"/> 2	Selling Digicel Flex Kad	<input type="checkbox"/> 9
Market – selling produce	<input type="checkbox"/> 3	Selling benzene/mazout from home	<input type="checkbox"/> 10
Market – selling cooked food, bread etc	<input type="checkbox"/> 4	Working in family kava bar	<input type="checkbox"/> 11
Preparing products for sale (eg drying peanuts, baking bread)	<input type="checkbox"/> 5	Other specify _____	<input type="checkbox"/> 12
Working in other family business (transport, forestry, fisheries)	<input type="checkbox"/> 6	None of these >> GO TO Q.6	<input type="checkbox"/> 13

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Selling cigarettes

|_| 7

Don't know

|_| 99

6. For the work done by <<name>> what were his or her main tasks and duties? *List the main activities done such as selling newspapers, shop assistant, market vendor.*

7. For the work done by <<name>> what was the main sector of economic activity? *Ask about <<name's>> place of employment or type of business enterprise and select appropriate code.*

Horticulture (gardening)	_ 1	Sell fuel	_ 12
Livestock	_ 2	Public transport	_ 13
Fisheries	_ 3	Wash bus/truck	_ 14
Forestry	_ 4	Construction	_ 15
Store (retail or wholesale)	_ 5	Airline	_ 16
Market vendor	_ 6	Kava bar	_ 17
Security	_ 7	Work for private household (gardener, haos girl)	_ 18
Telecom	_ 8	Other Household enterprise	
Newspaper	_ 9	specify_____	_ 19
Bakery	_ 10	Don't know	_ 20
Sewing (clothes etc)	_ 11		

8. How many hours did <<name>> spend last week in this work? *Specify the number of hours.*

|_|_| hours

9. a) In the past 12 months, how often have other people's attitudes toward you been a problem at work?

Always	_ 1	Rarely	_ 4
Often	_ 2	Never GO TO Q. 10	_ 5
Sometimes	_ 3	Don't know GO TO Q. 10	_ 9

b) When this problem occurs has it been a big problem or a little problem?

Big problem |_|_| Little problem |_|_|

10. a) In the past 12 months, how often did you experience prejudice or discrimination at work?

Always	_ 1	Rarely	_ 4
Often	_ 2	Never GO TO Q. 11	_ 5
Sometimes	_ 3	Don't know GO TO Q. 11	_ 9

b) When this problem occurs has it been a big problem or a little problem?

Big problem |_|_| Little problem |_|_|

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11. a) In the past 12 months, how often did the policies and rules at places of work (businesses, market etc) make problems for you?

Always	_ 1	Rarely	_ 4
Often	_ 2	Never GO TO Q. 12	_ 5
Sometimes	_ 3	Don't know GO TO Q. 13	_ 9

b) When this problem occurs has it been a big problem or a little problem?

Big problem |_ | Little problem |_ |

12. What are the three main difficulties you face in your work?

Difficult to get to work	_ 1	Haven't had enough training	_ 13
The work is too tiring	_ 2	Don't get paid sick leave	_ 14
The work is too difficult	_ 3		_ 15
The work is dangerous or risky	_ 4		_ 16
I don't get along with my co-workers	_ 5		_ 17
I am ill-treated by my employer	_ 6		_ 18
I am paid less than others for the same job	_ 7		_ 19
Wages are too low	_ 8		_ 20
Bad weather	_ 9		_ 21
The work hours are difficult	_ 10	Other specify _____	_ 22
Don't have enough physical aides	_ 11	I HAVE NO DIFFICULTY	_ 23
Customers are rude	_ 12	Don't know	_ 99

13. How does having a job or income affect your life? *Read the following statements to <<name>> and ask him or her to rate based on agreement.*

Work ...

- Work keeps or would keep me active
- Work gives or would give me financial independence
- Work enables me or would enable me to meet other people
- Work makes or would make me feel like I am contributing to society

Code

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1. Strongly Agree

2. Agree

3. Undecided

4. Disagree

5. Strongly Disagree

Those not currently generating income

14. What are the three main reason(s) <<name>> is not working or has never worked? *That is, <<name>> is not currently working (no in Q. 4) but has worked before.*

Unable to work because of disability	_ 1	Lack of confidence	_ 13
School/training full time	_ 2	The work conditions were too bad	_ 14
Retired/elderly	_ 3	Was not paid	_ 15
Work in home (care giver, housework)	_ 4	Had an accident	_ 16
No suitable work	_ 5	Became disabled	_ 17
Ill-treated by employer	_ 6	Fired by employer	_ 18
Ill-treated by co-workers	_ 7	No one will employ because of disability	_ 19
Customers were rude	_ 8	Temporary/seasonal work ended	_ 20
Too difficult to travel to work	_ 9	Looking for work for the first time	_ 21
Need physical aides at work	_ 10	Other specify _____	_ 22

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Bad weather ☐ 11 NO REASONS ☐ 23
Cannot read or write ☐ 12 Don't know ☐ 99

15. Has <<name>> ever spent more than one hour a day on work or any income generating activities even though <<name>> is not currently working? *That is, <<name>> is not currently working (no in Q. 4) but has worked before.*

☐ YES ☐ NO >> IF NO GO TO QUESTION 22

16. In what year did <<name>> last work or generate income?

Year

17. How long did <<name>> last work for did the income generating activity? *If more than one year enter the number of years, if less than one year enter the number of months.*

Years Months

18. What was the main economic activity done by <<name>>? *If more than one activity ask about the economic activity the most hours were spent in.*

Paid work – full time	<input type="checkbox"/> 1	Selling TVL Refil Kad	<input type="checkbox"/> 8
Paid work – part time	<input type="checkbox"/> 2	Selling Digicel Flex Kad	<input type="checkbox"/> 9
Market – selling produce	<input type="checkbox"/> 3	Selling benzene/mazout from home	<input type="checkbox"/> 10
Market – selling cooked food, bread etc	<input type="checkbox"/> 4	Working in family kava bar	<input type="checkbox"/> 11
Preparing products for sale (eg drying peanuts, baking bread)	<input type="checkbox"/> 5	Other specify _____	<input type="checkbox"/> 12
Working in other family business (transport, forestry, fisheries)	<input type="checkbox"/> 6	None of these >> GO TO Q.6	<input type="checkbox"/> 13
Selling cigarettes	<input type="checkbox"/> 7	Don't know	<input type="checkbox"/> 99

19. For the work done by <<name>> what were his or her main tasks and duties? *List the main activities done such as selling newspapers, shop assistant, market vendor.*

20. For the work done by <<name>> what was the main sector of economic activity? *Ask about <<name>>'s place of employment or type of business enterprise and select appropriate code.*

Horticulture (gardening)	<input type="checkbox"/> 1	Sell fuel	<input type="checkbox"/> 12
Livestock	<input type="checkbox"/> 2	Public transport	<input type="checkbox"/> 13
Fisheries	<input type="checkbox"/> 3	Wash bus/truck	<input type="checkbox"/> 14
Forestry	<input type="checkbox"/> 4	Construction	<input type="checkbox"/> 15
Store (retail or wholesale)	<input type="checkbox"/> 5	Airline	<input type="checkbox"/> 16
Market vendor	<input type="checkbox"/> 6	Kava bar	<input type="checkbox"/> 17
Security	<input type="checkbox"/> 7	Work for private household (gardener, haos girl)	<input type="checkbox"/> 18
Telecom	<input type="checkbox"/> 8	Other Household enterprise	
Newspaper	<input type="checkbox"/> 9	specify _____	<input type="checkbox"/> 19
Bakery	<input type="checkbox"/> 10	Don't know	<input type="checkbox"/> 20

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Sewing (clothes etc)

|_| 11

21. What is the main reason that <<name>> is no longer working? *What happened to make <<name>> stop work?*

Became disabled	_ 1	Pay not enough	_ 12
Disability got worse	_ 2	Became disabled	_ 13
Went to school/training	_ 3	Business was re-organised	_ 14
Retired/elderly	_ 4	Did not get along with co-workers and/or boss	_ 15
Had child (women only)	_ 5	Accessibility problems	_ 16
Ill treatment at work	_ 6	Transport too difficult/expensive	_ 17
Business closed	_ 7	Moved to another place	_ 18
I was not productive enough	_ 8	Temporary/seasonal work contract ended	
People too rude	_ 9	specify _____	_ 19
Too difficult to travel to work	_ 10	Don't know	_ 20
Bad work conditions	_ 11		

22. If a suitable job or income generating activity had been available last week, would <<name>> be available to work? *That is, <<name>> is ready to work.*

|_| YES |_| NO >> IF NO GO TO QUESTION 25

23. What kind of work would <<name>> like to do?

Paid work – full time	_ 1	Selling TVL Refil Kad	_ 8
Paid work – part time	_ 2	Selling Digicel Flex Kad	_ 9
Market – selling produce	_ 3	Selling benzene/mazout from home	_ 10
Market – selling cooked food, bread etc	_ 4	Working in family kava bar	_ 11
Preparing products for sale (eg drying peanuts, baking bread)	_ 5		_ 12
Working in other family business (transport, forestry, fisheries)	_ 6	Other specify _____	_ 13
Selling cigarettes	_ 7	Don't know	_ 99

24. How long has <<name>> been looking for work? *If more than one year enter the number of years, if less than one year enter the number of months.*

|_|_| Years |_|_| Months

25. In the last 12 months has <<name>> attended a training course(s) or workshop(s) to help him or her get a paid job or start a business?

|_| YES |_| NO >> IF NO END INTERVIEW

26. What kind of work related training courses or workshops did <<name>> attend and who organised them?

Type of work training

Name of training provider

1	
2	
3	
4	
5	